Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **March 1-15**, **2006.** The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR Version 7/03 FEDERAL ASSISTANCE 2. DATE SUBMITTED Applicant Identifier 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY X Construction ☐ Construction Federal Identifier Non-Construction
5. APPLICANT INFORMATION Non-Construction Legal Name: Organizational Unit: Department: CAMPESINOS UNIDOS, INC. Organizational DUNS: Division: Address: Name and telephone number of person to be contacted on matters Street: involving this application (give area code) First Name: 1005 "C" STREET MRS. Middle Name BRAWLEY County: Last Name MAR 1 5 2006 TMPERIAL SALDIVAR Suffix; Zip Code 92227 Country STATE CLEARING HOUSE UNITED STATES babyangel 1979@msn.com 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) 95-2745629 (760) 351-5116 (760) 344-0322 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) X New Continuation Revision If Revision, enter appropriate letter(s) in box(es) O - NOT FOR PROFIT
Other (specify) (See back of form for description of letters.) Other (specify) 9. NAME OF FEDERAL AGENCY: USDA - RURAL DEVELOPMENT

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 PHYSICAL FITNESS AREA AT WESTMORLAND TITLE (Name of Program): CENTER 4 1 12 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): CAMPESINOS UNIDOS, INC. WESTMORLAND, CA 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: Ending Date: a. Applicant b. Project 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE a. Yes. 🗶 USDA GRANT 31,329.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON CAMPESINOS UNIDO 10,443.00 c. State DATE: 3/8/06 d. Local PROGRAM IS NOT COVERED BY E. O. 12372 b. No. 🔲 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL 41,772.00 Yes If "Yes" attach an explanation. X No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix First Name Middle Name JOSE MR M. Last Name LOPEZ c. Telephone Number (give area code) (760) 351-5100 EXECUTIVE DIRECTOR d. Signature of Authorized Representative e. Date Signed 3-6-06 Previous Edition Usable

Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003)

Prescribed by OMB Circular A-102

PART I - FACE SHEET

APPLICATION FOR F	EDERAL ASSISTA	1. TYPE OF BUBMISSION:					
AFEIGATIONTORT	EDEIVAE ABOIOTA	410L	Non-Construction				
28. DATE SUBMITTED TO CORPORATION FOR NATIONAL, AND COMMUNITY SERVICE (CNCS):	3. DATE RECEIVED BY STATE.		STATE APPLICATION	STATE APPLICATION IDENTIFIER			
01/19/06							
2b. APPLICATION ID:	4. DATE RECEIVED.		GRANT NUMBER:				
06SR05N139	01/19/06						
5. APPLICATION INFORMATION	W. 44 MONTH 14 14 14 14 14 14 14 1						
LEGAL NAME: Vot & Hospice of Southern Ca DUNS NUMBER: 054281436		NAME AND CO PERSON TO BE uruu godea). NAME. Patricia	CONTACTED ON MAT	PAHTO RO ROTOBRIC'T DELORG ROF GIVE) NOITAGE BIHT BRIVLOVII BRET			
ADDRESS (give streat address, city, state and	d zip code)	TELEPHONE N	TELEPHONE NUMBER: (909) 482-0155				
150 W First St Suite 270 Chremont CA 91711 - 4750		FAX NUMBER:		vnasocal,org			
6. EMPLOYER IDENTIFICATION NUMBER (E	FIAA-	7 TYPE OF API	PLICANT	18 18 19 19			
		7a. Non-Profit					
8 TYPE OF APPLICATION:		7b Community-I	Jased Organization	RECEIVED			
X NEW CONTIN	UATION			MAR 1 5 2006			
If Ravision, ontar appropriate fatter(s) in box(s	a)·						
A. Increase Award B. Decrease Award	C. Increase Duration			STATE CLEARING HOUSE			
D. Degresse Duration							
			deral agency: tion for Nation	al and Community Service			
10b CATALOG OF FEDERAL DOMESTIC ASI 10b. TITLE: Retired and Senior Voluntoer Pro			/E TITLE OF APPLICAN' Vallay-Ban Bornardino C				
12. AREAS AFFECTED BY PROJECT (LIST O	ties, Counties, Ștates, etc):						
Calibraia, West Valley of San Bernartino Cou Dioomington, Chino, Chino Hills, Coltan, Pon		y v					
13 PROPOSED PROJECT: START DATE: 04	/01/06 END DATE: 03/31/09	14. PERFORMA	14. PERFORMANCE PERIOD: START DATE: 04/01/06 END DATE: 03/31/09				
15. ESTIMATED FUNDING:		or od		IEW BY STATE EXECUTIVE			
a. FEDERAL	\$ 68,700.00	ORDER 12372 F					
b. APPLICANT	\$ 78,437.00	אד סד	ie state executive o	LICATION WAS MADE AVAILABLE ROER 12372 PROCESS FOR			
c STATE	\$ 0.00	1	EW ON: : 09-MAR-06				
d LOCAL	\$ 72,687,00						
a. OTHER	<u>\$ 6,650.00</u>						
1. PROGRAM INCOME	17. IS THE APPL	ICANT DELINQUENT O	N ANY FEDERAL DEB'17				
g. TOTAL		ES if "Yes," attach on	explanation. X NO				
18. TO THE BEST OF MY KNOWLEDGE AND DULY AUTHORIZED BY THE GOVERNING B IS AWARDED.	ODY OF THE APPLICANT AND THE						
a. TYPED NAME OF AUTHORIZED REPRESI	ENTATIVE: 0 TITLE:) 11 11 11 11 11 11 11 11 11 11 11 11 11 11 11		C TELEPHONE NUMBER			
Marsha Fox	Provident VNA	& Flornice of Southern	CA	(909) 624-3574			
				d. DATE: 01/19/06			
<u> </u>			i				

APPLICATION FOR			!		proval No 0348-
FEDERAL ASSISTANCE		2. DATE SUBMITTED 3.01.(5%	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Preapplication			TENERAL ACCUOU	Federal Identifier	
Construction Constru		4. DATE RECEIVED BY	FEDERAL AGENCY	rederal luchillion	
Non-Construction Non-Cor	Terruction	<u> </u>			
Legal Name:			Organizational Unit		
RURAL MEDIA ARTS & EC	NCATION	J PROSECT		number of person to be contacted	d on matters invo
Address (give city, county, State, and zip code) 4994 GTH STREET	}-		this application (give a	res code)	
P.O. Box 898 Mariposa <u>la 9533</u>	38	TOFILED	ANTHONY RA	APANOVILL 209.7	42.6666
8. EMPLOYER IDENTIFICATION NUMBER (E		ECLIVED	7. TYPE OF APPLICA	NT: (enter appropriate letter in b	(xox)
311-1736950		r 2006		H Independent School Dist	1
		MAR 1 5 2006	A State B County	I State Controlled Institution of	Higher Learning
8. TYPE OF APPLICATION:	1	الا مسيدة المال	SE Municipal	J. Private University	
New Con	thrustian ST	ATE ELERYHING HOL	D. Township	K Indian Tribe	
If Revision, enter appropriate letter(s) in box(es	3)	Company of the Compan	E mierorare	L Individual	
, ,, ,	١.	_	F Intermunicipal G Special District	M Profit Organization N Other (Specify) NON P	POFIT _
A Increase Award B. Decrease Award	C Increase	e Duration	G Special District	H Office (Spound)	
D Decrease Duration Other(specify)			9. NAME OF FEDER	AL AGENCY:	
				AL DEVELOPMEN	JT
A CONTRACTOR ASSESSMENT OF A SOURCE ASSESSMEN	CIOTANCE N	IINRED.	11. DESCRIPTIVE TI	TLE OF APPLICANT'S PROJEC	CT:
10. CATALOG OF FEDERAL DOMESTIC AS	SISTANCE N	10 766		100064 GRAMI	
		1 10 100	TECHN	10C0C4 CACTA	,
TIME.			4		
12 AREAS AFFECTED BY PROJECT (Cities					
MARIPOSA, HARIPOSA CO	WHTY, MI	adera county			
		ISTRICTS OF: 191	4		
Start Date Ending Date a. Applicant		in the second	b Project		
12/01/04 12/01/06			T	SUBJECT TO REVIEW BY ST	ATE EXECUTIV
15. ESTIMATED FUNDING:			ORDER 12372 P		
	·	60	7		
a Federal USDA \$	49	530.00	A YES. THIS PRE	APPLICATION/APPLICATION V	VAS MADE
b. Applicant S				E TO THE STATE EXECUTIVE	OHDEH 123/2
INKIND	3/	145.00	PROCESS	S FOR REVIEW ON:	
c State \$			DATE		
discon CTFC 8	55	ှိ ဝဝဝ ်ဆ	b No PROGE	AM IS NOT COVERED BY E. O	. 12372
e Other(s) \$		60	OR PRO	OGRAM HAS NOT BEEN SELEC	TED BY STAIL
	20	, 000 · 00			
i. Program income				ANT DELINQUENT ON ANY FE	DERAL DEBT?
g. TOTAL		0,675.00		" attach an explanation.	
18. TO THE BEST OF MY KNOWLEDGE AT	ND BELIEF, A	LL DATA IN THIS APPL	ICATION/PREAPPLICATION AND TO A DELICATION AND	ATION ARE TRUE AND CORRE THE APPLICANT WILL COMPL	Y WITH THE
18. TO THE BEST OF MY KNOWLEDGE AT DOCUMENT HAS BEEN DULY AUTHORIZ	ED BY THE C	IONEHNING RODA OL 1	NE AFFEIVANT AND		
ATTACHED ASSURANCES IF THE ASSIS a. Type Name of Authorized Representative	IANCE IS AV	th Title		c. Telephone Number	,
a. Type Name of Authorized Representative		EXEC. DIR	sctor	209.742.666	2
d. Signature of Authorizon Franciscontative				e Date Signad	
a l				Standard Form 42	4 (Rev 7-97)
Previous Edition Used to					

REVISED

ÓMB Approval No. 0348-0043

APPLICATION FOR FEI	DERAL ASS	SISTANCE	2. Date Submitted		Applicant Identifier		
Type of Submission; Application Pro	eapplication		3. Date Ree'd by State		State Application Identifier		
Construction	Construction	nn -	4. Date Rec'd by Federal		Federal Identifier		
X_Nonconstruction	Nonconstru						
5. Applicant Information:			Organizational Unit:		1.01		
Legal Name and Address:			San Francisco Regional				
(give city, county, state, and zi		D 1	Name and telephone of p				
State Water Reso			involving this application Gina Katharia	(Rive area code	5) .		
1001 I Street, Sa Sacramento, Cal			51 D 22-2378				
6. Employer Identification Nu	mber (EIN):	680 4 84.9861 5 2	A. State				
6. DUNS Number: 80832	21913	STATE CLEARING	B. County		rute of Higher Learning		
8. Type of Application:		ACCESSES AND ACCES	C. Manighan	J. Private Ur	-		
X New Revision	Continu		D. Township	K. Indian Tr			
If Revision, enter appropriate			E. Interstate	L. Individua			
A. Increase Award	B. Decrease		F. Intermunicipal	M. Profit Or			
C. Increase Duration	D. Decrease	Duration	G. Special District	N. Other (sp	ecity)		
Other (specify)			O Name of Frederick Ass				
10. Catalog of Federal Domes	tic Assistance	Number	9. Name of Federal Age U.S. Depa	ncy: rtment of Energ	у		
66.606 Title: Surveys, Studies Purpose Grant		s and Special	11. Descriptive Title of	Applicant's Proj	cet:		
ruijose ciana	,		Assessment and cleanup	of the environm	ental management		
12. Area Affected by Project:			programs at the Departm				
(cities, counties, states, etc.)			National Laboratory (LBNL) at Berkeley, CA and the Stanford Linear Accelerator (SLAC) at Palo Alto, CA.				
San Francisco B	ay area, Califo	ornia					
13. Proposed Project:					•		
Start Date	End Date	-	14. Congressional Distri	ict of:			
1/1/2006	12/31/2008	3	Applicant:	Project: California - /	A 11		
15. ESTIMATED FUNDING			16. Is the application sul				
13. Editivaties Followide	•		Executive Order (EO) 12		y the Suite		
a. Federal		\$312,609	, ,	-	eapplication was made		
h. Applicant		\$0	1		2372 process for		
c. State		\$0	review on:		,		
d. Local		\$0		Date: March	15, 2006		
e. Other		\$0	b. NO: Pro	gram is not cove	cred by FO # 12372		
f. Program Income		\$0	Pro	gram has not be	en selected by the		
				c for review.			
g. TOTAL		\$312,609	17. Is the applicant delir	iquent on any Fe	ederal debt?		
			YES, attach expli	anation	_XNO		
18. TO THE BEST OF MY K	NOWLEDGE	AND BELIEF, ALL D	ATA IN THIS APPLICA	TION/PREAPPI	LICATION ARE		
TRUE AND CORRECT, THE		· ·					
APPLICANT, AND THE APPLIS AWARDED.							
a. Typed Name of Authorized	Representativ	/c	b. Title:		c. Telephone Number		
Celeste Cantú	•		Executive	Director	(916) 341-5615		
d. Signature of Authorized Re	presentative				c. Date Signed:		
Sagaritation of Astronomical No.	-,				and the second second		

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED 03/10/06		Applicant Identifier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applica	State Application Identifier	
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Iden	tifier	
Non-Construction	Non-Construction				·	
5. APPLICANT INFORMATION	TOTAL CONTROL		10			
Legal Name:			Organizational Unit: Department:			
North Fork Community D	evelopment Council Inc.		Adminis Division:	tration		
Organizational DUNS: 02-622-	7350					
Address: Street:			Name and telephone involving this applic		erson to be contacted on matters	
57839 Road 225			Prefix:	First Name:		
PO Box 1484 City:			Ms Middle Name		Sharon	
North Fork			G.		DECEN/France	
County: Madera			Last Name Car	ter	to the same of the	
State: CA	Zip Code 93643		Suffix:		MAR 1 4 2006	
Country: USA			Email:	rtar@narthfar	rada are	
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		Phone Number (give a	rter@northfork rea code)	Prax Number (bive a) se	
77-0317248	, ,		(559) 877-2244	. 4	(559) 877-4267	
8. TYPE OF APPLICATION:]		7. TYPE OF APPLICA	ANT: (See ba	ck of form for Application Types)	
₩ Nev	v ∭ Continuatio	n Revision	0- Nor for Profit Org	ranization		
If Revision, enter appropriate lett (See back of form for description	er(s) in box(es) of letters.)		Other (specify)	gamzadon		
Other (specify)			9. NAME OF FEDERA USDA Rural Deve			
10. CATALOG OF FEDERAL I	OMESTIC ASSISTANC	CE NUMBER:	11. DESCRIPTIVE TI	•	ICANT'S PROJECT:	
		10-760			ite (spray field) for the Madera	
TITLE (Name of Program):	0.0.1.0		County owned North	Fork sewage t	reatment plant	
Water and Waste Disposal Loa 12. AREAS AFFECTED BY PR		s States etc.):	_			
North Fork, Madera County, C	, ,	,, =:=:==, =:=-,:				
13. PROPOSED PROJECT			14. CONGRESSIONA	AL DISTRICTS	OF:	
Start Date:	Ending Date: 12/30/07		a. Applicant		b. Project 19	
03/10/06 15. ESTIMATED FUNDING:	12/30/07			SUBJECT TO	D REVIEW BY STATE EXECUTIVE	
		00	ORDER 12372 PROC		NI/ADDI ICATIONI WAS MADE	
a. Federal \$		902,240 ·			N/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372	
b. Applicant \$. 00	PROCES	S FOR REVIE	W ON	
c. State \$.00	DATE: 0	3/10/06		
d. Local \$.00	b. No. DROGRA	M IS NOT CO	VERED BY E. O. 12372	
e. Other \$.00			OT BEEN SELECTED BY STATE	
f. Program Income \$. 00			ENT ON ANY FEDERAL DEBT?	
g. TOTAL \$		902,240	─ ☐ Yes If "Yes" attach	n an explanatio	on. 😢 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING BODY OF				
a. Authorized Representative	First Name		Middle	Name		
Prefix Ms.	Sharon			G.		
Last Name Carter			Suffix			
b. Title Administrator	h	1/1/2	(55	i9) 877-2244	r (give area code)	
d. Signature of Authorized Repre	sentative	roa la	e. Date 03/1	e Signed 10/06		
Previous Edition Usable Authorized for Local Reproduction	n .		*		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	

APPLICATION FOR							Version 7/03	
FEDERAL ASSISTANCE		2. DATE SU	2. DATE SUBMITTED		Α	Applicant Identifier		
1, TYPE OF SUBMISSION: Application	Pre-application	3. DATE RE	CEIVED BY	STATE	s	State Application Identifier		
Construction	Construction	4. DATE RE	4. DATE RECEIVED BY FEDERAL AGENCY		CY F	Federal Identifier		
Non-Construction	Non-Construction							
5. APPLICANT INFORMATION Legal Name:				Organizational U	Unit:			
City of Claremont				Department: Administrative Se	ervices	Department		
Organizational DUNS: 074130071				Division: City Manager's Of				
Address: Street:				Name and teleph involving this ap	hone n	umber of per on (give are:	rson to be contacted on matters	
207 Harvard Avenue P.O. Box 880				Prefix:	F	irst Name: Dliver		
City:				Middle Name C.				
County: Los Angeles				Last Name Chi				
State: California	Zip Code 91711			Suffix:				
Country: U.S.A.	91711			Email: ochl@ci.claremor	nt ca u	2		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):			Phone Number (gi			Fax Number (give area code)	
95-6000692				(909) 399-5454			(909) 399-5492	
8. TYPE OF APPLICATION:	FIRE.			7. TYPE OF APP	PLICAN	T: (See back	of form for Application Types)	
If Revision, enter appropriate lett	er(s) in box(es)	n ∐ Rev	vision	C. Municipal				
(See back of form for description	of letters.)	П		Other (specify)				
Other (specify)	·—			9, NAME OF FED Federal Transit A				
10. CATALOG OF FEDERAL I	OOMESTIC ASSISTANC	E NUMBER:		11. DESCRIPTIV	/E TITL	E OF APPLI	CANT'S PROJECT:	
		2 0-	5 0 0	INTERMODAL R			ORTATION CENTER / TRANSIT	
TITLE (Name of Program): Capital Investment Grant				The City of Clare	emont is	developing a	a transit-oriented complex	
12. AREAS AFFECTED BY PR	OJECT (Cities, Counties	s, States, etc.,) <i>:</i>	of the project, the	e City w	ill consolidate	that converge downlown. As part e parking by constructing a 477	
City: Claremont; County: Los Ar	ngeles; State: California						reserved for transit users).	
13. PROPOSED PROJECT Start Date:	Ending Date:			14. CONGRESSION a. Applicant			b. Project	
December 1, 2004	June 30, 2006			26 (Congressman			26 (Congressman David Dreier) REVIEW BY STATE EXECUTIVE	
15. ESTIMATED FUNDING:				ORDER 12372 PF	ROCES	S?		
a. Federal \$		1,407,949	00	a. Yes. IZI AVAII	ILABLE	TO THE ST	I/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372	
b. Applicant (Claremont Contribution) \$		3,806,051	•	PRO	CESS	FOR REVIEV	VON	
c. State \$.00	DATE	E: June	30, 2004		
d. Local \$				b. No. 🔟 PRO	GRAM	IS NOT COV	ERED BY E. O. 12372	
e. Other \$.00		PROGR		T BEEN SELECTED BY STATE	
f. Program Income \$			BG				NT ON ANY FEDERAL DEBT?	
g. TOTAL \$		5,214,000) .	Yes If "Yes" at	attach a	n explanatior	n. 🗷 No	
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE	GOVERNING	IN THIS APP BODY OF T	LICATION/PREAF THE APPLICANT A	PPLICA AND TI	TION ARE THE APPLICA	TRUE AND CORRECT. THE NT WILL COMPLY WITH THE	
a. Authorized Representative Prefix Mr.	First Name			Mi	liddle N	ame		
Last Name	Jeffrey			Su	uffix			
Parker b. Title				C.	Teleph	one Number	(give area code)	
City Manager d. Signature of Authorized Repre	sentative			(9	909) 39	9-5441	,	
Previous Edition Usable		F			Date S March 1	3, 2006	Clandard Form 404 (Day 0.0000)	
Authorized for Logal Reproduction	n GORDA		RE(CEIVE	U		Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102	
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			SIAIF	LEARING HO	, U U L			

APPLICATION FOR					Version 7/03	
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Iden	tifler	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier	
Application	Pre-application					
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identif	ier	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION			Organizational Unit:			
Legal Name:			Department:			
City of Claremont			Administrative Service	es Department		
Organizational DUNS: 074130071			Division: City Manager's Office			
Address:			Name and telephone	number of pe	rson to be contacted on matters	
Street:			involving this applic		a code)	
207 Harvard Avenue P.O. Box 880			Prefix: Mr.			
City: Claremont			Middle Name C.			
County: Los Angeles			Last Name Chi			
State: California	Zip Code 91711		Suffix:			
Country: U.S.A.			Email: ochi@ci.claremont.ca	ı.us		
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give a	rea code)	Fax Number (give area code)	
95-6000692]		(909) 399-5454		(909) 399-5492	
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	ANT: (See back	of form for Application Types)	
		n 🔲 Revision	C. Municipal			
(See back of form for description			Other (specify)			
Other (specify)	_		9. NAME OF FEDERA Federal Transit Admir	AL AGENCY: nistration (FTA)		
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE TI	TLE OF APPLI	CANT'S PROJECT:	
		20-507	INTERMODAL REGI		ORTATION CENTER / TRANSIT	

RECEIVED

MAR 1 3 2006

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMIT	TED		Applicant Identifier			
1.TYPE OF SUBMISSION:	3. DATE RECEIVI	ED BY STATE		State Application Identifier			
Application Preapplication	4 DATE DECEIVE	ED BY FEDER	PAL AGENCY	Federal Identifier			
Construction Construction	'	ED DI FEDEI	TAL AGENCI	ederar identifier			
5. APPLICANT INFORMATION	iction	·····					
Legal Name: I-5 Social Services (Corporation		Organization	al Unit:			
Address (give city, county, state, and zip code	:):				e contacted on matters involving		
4491 W. Shaw Ave. Suite 100	,		this applicati	on (give area code)			
Fresno, Ca. 93722							
			Alex	Valdez/Tony E. Silv	va (559) 275-7133		
6. EMPLOYER IDENTIFICATION (EIN):			7. TYPE OF	APPLICANT: (enter appropriate	e letter in box)		
7 7 - 0 4 8 6	3 3 2				N		
, , , - 0 , 1			A. State B. Count		lled Institution of Higher Learning		
8. TYPE OF APPLICATION:			C . Municip D. Towns		versity		
✓ New	Continuation Re	vision	E. Interst	ate L. Individual	aization		
			G. Special	District N. Other (Speci	ization fy) <u>Non-Profit</u>		
If Revision, enter appropriate letter(s) in							
B Decrees A	word - Immunes Dive	41					
A. Increase Award B. Decrease Avard D. Decrease Duration Other (specify)		ition					
			9 NAME OF	FEDERAL AGENCY:			
[
			U	SDA Rual Develop	ment		
10. CATALOG OF FEDERAL DOMESTIC ASS	ISTANCE NUMBER:		1	PTIVE TITLE OF APPLICANT'S			
	1 0 - 7	6 6	Furi	nish Child Developr	ment Center		
TITLE: Community Facilities							
12. AREAS AFFECTED BY PROJECT (Cities,			1				
City of Huron and the	Surrounding Ar	eas					
	ONGRESSIONAL DIS	STRICTS (· · · · · · · · · · · · · · · · · · ·			
Start Date Ending Date a. Appli			b. Pro	•			
	Radanovich			20 Costa			
15. ESTIMAT	ED FUNDING			APPLICATION SUBJECT TO R RDER 12372 PROCESS?	EVIEW BY STATE EXECUTIVE		
a. Federal \$		29,50	0 00 -	VEC THIS DDEADDI ICATIO	N/ADDI ICATION WAS MADE		
The state of the s	The second secon		*	I. YES. THIS PREAPPLICATION AVAILABLE TO THE S	TATE EXECUTIVE ORDER		
b. Applicant \$ R	CENTED	30,00	0.00	12372 PROCESS FOR	REVIEW ON:		
G E dicente	Marie 1 1/ Km D						
c. State \$ MA	R = 9 2006			DATE			
14//~	iv si (nnp	1		DATE			
d. Local			,	NO PROGRAM IS NO	T COVERED BY E.O. 12372		
SIAIEC	LEARING HOUSE						
e. Other				STATE FOR REVIE	S NOT BEEN SELECTED BY		
f. Program Income \$			17. IS	THE APPLICANT DELINQUEN	T ON ANY FEDERAL DEBT?		
		FO FO		YES (Attach explanation)	NO		
g. Total \$		59,50	0.00				
18. TO THE BEST OF MY KNOWL	EDGE AND BELIEF	, ALL DAT	A IN THIS	APPLICATION/PREAPP	LICATION ARE TRUE AND		
CORRECT. THE DOCUMENT HAS	S BEEN DULY AUTI	HORIZED	BY THE G	OVERNING BODY OF T	THE APPLICANT AND THE		
APPLICANT WILL COMPLY WITH	THE ATTACHED AS		SIF THE	ASSISTANCE IS AWARL			
a.Type Name of Authorized Representative	/	b. Title	_		c. Telephone Number		
Alex Valdez	//	Exe	ecutive D	irector	(559) 275-7133		
d Signature of Authorized Representative					e. Date Signed		
L (Kx /a/	de		· · · · · · · · · · · · · · · · · · ·	A 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3/2/06		
Previous Edition Usable / AUTHORIZED FOR LOCAL REPRODUCTION				STAND Prescribe	ARD FORM 424 (REV. 4-92) d by OMB Circular A-102		

FEDERAL ASSISTANC	Ε	2. DATE SUBM ITTED 2/28/06		Applicant Ide	olicant Identifier n Economic Development Corporation			
1. TYPE OF SUBMISSION: Application	Dro application	3. DATE RECEIVED	BY STATE	State Application Identifier				
\' '	Pre-application	4. DATE RECEIVED	BY FEDERAL AGENCY	ENCY Federal Identifier				
☐ Construction ☐ Non-Construction	☐ Construction ☑ Non-Construction			Guerar Iden				
5. APPLICANT INFORMATIO		<u> </u>						
Legal Name:				Organizational Unit:				
Kern Economic Development	Corporation		Department:					
Organizational DUNS: 622045896		N ₁	Division:	`				
Address:			Name and telepho	ne number of p	erson to be contacted on matters			
Street: 2700 M Street			involving this appl	ication (give ar				
			Prefix: Ms.	First Name: Cheryl	N.			
City: Bakersfield			Middle Name Marie					
County: Kern			Last Name Scott					
State: CA	Zip Code 93301		Suffix:					
Country: USA			Email: scottc@kedc.com					
6. EMPLOYER IDENTIFICATI	ON NUMBER (EIN):		Phone Number (give	area code)	Fax Number (give area code)			
77-0151886	3		661-862-5150	•	661-862-5151			
8. TYPE OF APPLICATION:			7. TYPE OF APPLIC	CANT: (See bac	k of form for Application Types)			
☑ Ne		Revision	Non-profit	,	11			
If Revision, enter appropriate le (See back of form for descriptio	tter(s) in box(es) n of letters.)		Other (specify)					
Other (specify)			9. NAME OF FEDER	RAL AGENCY:				
10. CATALOG OF FEDERAL	F NIIMBER:	USDA 11 DESCRIPTIVE T	TTI E OE ABBI I	CANT'S PROJECT:				
					anding Opportunities for Small			
TITLE (Name of Program):		10-769	Business Growth in					
12. AREAS AFFECTED BY PF	ROJECT (Cities, Counties,	States, etc.):						
Cities in Kern County, CA								
13. PROPOSED PROJECT				14. CONGRESSIONAL DISTRICTS OF:				
Start Date: 7/1/06	Ending Date: 6/30/07		a. Applicant District 22		b. Project Districts 20 and 22			
15. ESTIMATED FUNDING:	5,00,07		16. IS APPLICATION	N SUBJECT TO	REVIEW BY STATE EXECUTIVE			
a. Federal \$	Participation of the Control of the	00	ORDER 12372 PROC	ESS?	J/APPLICATION WAS MADE			
b. Applicant \$	REC	107,000	A. 103. E AVAILAE		ATE EXECUTIVE ORDER 12372			
c. State \$	MAR -	40,0 00	DATE:					
d. Local \$	WAN	0 ·	b. No. PROGRA	AM IS NOT COV	ERED BY E. O. 12372			
e. Other \$	STATE CLEA	ARING HOUSE	OR PRO		T BEEN SELECTED BY STATE			
f. Program Income \$	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?					
g. TOTAL \$		0 .	Yes If "Yes" attac	an avalanation				
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF	147,000 ALL DATA IN THIS AF						
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED BY THE G	OVERNING BODY OF	THE APPLICANT AND	THE APPLICAL	NT WILL COMPLY WITH THE			
a. Authorized Representative Prefix Mr.	First Name Patrick		Middle	Name				
	Patrick		J.					
Last Name Collins			Suffix					
b. Title Presiden/CEO	•			phone Number (32-5150	give area code)			
d. Signature of Authorized Repre		e. Date Signed 2/28/06						

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APPLICATION FOR

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Version 7/03

FEDERAL ASSISTANCE	2. DATE SUBMITTED		Applicant Identifier			
1.TYPE OF SUBMISSION:	3. DATE RECEIVED BY STA	TE	State Application Identifier			
Application Preapplication	4. DATE RECEIVED BY FED	EDAL AGENCY	Fodoral Identifier			
Construction Construction Non-Construction		ENAL AGENCI				
5. APPLICANT INFORMATION						
Legal Name: I-5 Social Services Co	progration	Organization	nal Unit:			
Address (give city, county, state, and zip code):			elephone number of person to be discounted by its least to be discounted by the discounted by the best to be discounted by the discounted	contacted on matters involving		
4491 W. Shaw Ave. Suite 100		tina applica	ion (give area code)			
Fresno, Ca. 93722		ΔΙρν	Valdez/ Tony E. Silv	va (559) 275-7133		
6. EMPLOYER IDENTIFICATION (EIN):			APPLICANT: (enter appropriate I			
		7. TIPE OF	AFF LIGARET (enter appropriate)	N N		
7 7 - 0 4 8 6	3 3 2	A. State B. Count	H. Independent S			
8. TYPE OF APPLICATION:		C . Municip	pal J. Private Unive			
✓ New	Continuation Revision	E. Interst	ate L. Individual	eation		
		F. Intermi		Non-Profit		
If Revision, enter appropriate letter(s) in						
A. Increase Award B. Decrease Awar	d c. Increase Duration					
D. Decrease Duration Other (specify):						
		9. NAME OF	FEDERAL AGENCY:			
		11	SDA Rural Developr	ment		
10. CATALOG OF FEDERAL DOMESTIC ASSIST	ANCE NUMBER	ł	PTIVE TITLE OF APPLICANT'S P			
10. CATALOG OF FEDERAL DOMESTIC ASSIST	ANGE NUMBER.	,				
1	0 - 7 6 6	Fur	nish Child Developm	ent Center		
TITLE: Community Facilities G	rant					
12. AREAS AFFECTED BY PROJECT (Cities, Co.	ınties, States, etc.)					
City of Karman and Sur	ounding Aroa					
City of Kerman and Suri	GRESSIONAL DISTRICTS					
Start Date Ending Date a. Applicar	· · · · · · · · · · · · · · · · · · ·	b. Pr	oject			
19 R	adanovich		19 Radanovich			
15. ESTIMATED			APPLICATION SUBJECT TO RE	VIEW BY STATE EXECUTIVE		
a. Federal \$	35.4	00.00		ADDI IOATION WAS MADE		
d. Fodorul	JU, T		a. YES. THIS PREAPPLICATION. AVAILABLE TO THE STA			
b. Applicant \$	30,0	00.00	12372 PROCESS FOR R	EVIEW ON:		
	Name and Association and Assoc					
c. State / REC.	ENVER		DATE			
d local s	may V Comme Land		F			
d. Local \$ MAR	9 2006		NO PROGRAM IS NOT	COVERED BY E.O. 12372		
e. Other \$	2000			NOT BEEN SELECTED BY		
STATE CLEAN	RING HOUSE		STATE FOR REVIEW	1		
f. Program Income	THIS HOUSE	17. 18	THE APPLICANT DELINQUENT	ON ANY FEDERAL DEBT?		
- Total	CE A	20.00	YES (Attach explanation)	⊿ no		
g. Total \$	00,4	00.00				
18. TO THE BEST OF MY KNOWLE	OGE AND BELIEF, ALL DA	ATA IN THIS	APPLICATION/PREAPPL	ICATION ARE TRUE AND		
CORRECT, THE DOCUMENT HAS EAPPLICANT WILL COMPLY WITH TH	BEEN DULY AUTHORIZEL E ATTACHED ASSURANO	CES IF THE	ASSISTANCE IS AWARD	ED.		
a.Type Name of Authorized Representative	b. Title	-		c. Telephone Number		
Alex Valdez 1 / 1		cecutive D		(559) 275-7133		
d Signature of Authorized Representative	, <u>– , – , – , – , – , – , – , – , – , –</u>		. 6	e. Date Signed		
1 / lalder				3/2/06		
Previous Edition Usable AUTHORIZED FOR LOCAL REPRODUCTION			STANDA Prescribed	ARD FORM 424 (REV. 4-92) by OMB Circular A-102		

APPLICATION FOR FEDERAL ASSISTAN	ICE	2. DATE SUBMI	TTED		Applicant Identifier				
	IVE		(FO D)(OT (T	_					
1.TYPE OF SUBMISSION:	!:!:	3. DATE RECEIV	ED BY STATE	•	State	e Application Identifier			
	application	4 DATE RECEIV	ED BY FEDER	RAL AGENCY	CY Federal Identifier				
Construction	Construction	4. DATE REGER	LD DT TEDE	THE MOLITO	1 555				
Non-Construction 5. APPLICANT INFORMA	Non-Construction TION				_L				
Legal Name: I-5 Social Se		oration		Organizatio	nal Un	it:			
Address (give city, county, state,		<u>oration</u>		Name and to	elepho	ne number of person to be	e contacted on matters involving		
4491 W. Shaw Ave. Suit	e 100			this applica	tion (gi	ive area code)			
Fresno, Ca. 93722				l			(550) 075 7400		
				Alex	Val	dez/Tony E. Silv	va (559) 275-7133		
6. EMPLOYER IDENTIFICATION	(EIN):			7. TYPE OF	APPLI	ICANT: (enter appropriate	·		
7 7 - 0 4	8 6 3	3 2		A. State B. Coun		H. Independent	School Dist. Iled Institution of Higher Learning		
8. TYPE OF APPLICATION:			· · · · · · · · · · · · · · · · · · ·	C . Munici	pal	J. Private Univ K. Indian Tribe			
₩ N	ew Con	tinuation R	evision	E. Inters	tate	L. Individual	tunattu u		
				F. Interm G. Specia	unicipa il Disti	rict N. Other (Specif	ization fy) <u>Non-Profit</u>		
If Revision, enter appropriate lett	er(s) in								
7	Decrease Award ther (specify):	c. Increase Dur	ation						
				9. NAME OF	FEDE	RAL AGENCY:			
				[JSD/	A Rual Developr	ment		
10. CATALOG OF FEDERAL DOI	MESTIC ASSISTANC	E NUMBER:		11. DESCR	PTIVE	TITLE OF APPLICANT'S	PROJECT:		
	Г				: _ l_	Child Davidani	mant Cantar		
	1	0 - 7	6 6	Fur	nisn	Child Developr	nent Center		
	Facilities Grant								
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties	s, States, etc.)							
City of Selma	and the Sur	rounding A	reas						
13. PROPOSED PROJEC		ESSIONAL DI)F·					
Start Date Ending Date	a. Applicant			b. Pr	oject				
	19 Rad	anovich			20	Costa			
15.	ESTIMATED FL						EVIEW BY STATE EXECUTIVE		
a. Federal	\$		19,100	200		R 12372 PROCESS?			
a. reuerai	۲		19,100	3.00	a. YES.		N/APPLICATION WAS MADE FATE EXECUTIVE ORDER		
b. Applicant	\$		30,000	0.00		12372 PROCESS FOR			
			,						
c. State R	ECEIVE	D				DATE			
d. Local	AR - 9 200	G					COVERED BY E.O. 12372		
	s 3 200	U			b. NO		S NOT BEEN SELECTED BY		
e. Other	CLEARING H	OUSE		.u		STATE FOR REVIE			
f. Program Income	s	000=		47 1	2 7115	ADDI IOANT DEI MOUENT	CONTAINS EEDEDAL DEDTO		
1. Trogram mooning				17. 8		_	ON ANY FEDERAL DEBT?		
g. Total	\$		49,100	0.00 L	YES	S (Attach explanation)	NO		
18 TO THE BEST OF M	Y KNOWI EDGE	AND BELIEF	ALL DAT	A IN THIS	SAPE	PLICATION/PREAPP	LICATION ARE TRUE AND		
CORRECT. THE DOCUM	MENT HAS BEE	N DULY AUT	HORIZED	BY THE C	SOVE	RNING BODY OF T	THE APPLICANT AND THE		
APPLICANT WILL COMP		TTACHED AS	SURANCE	S IF THE	ASSI	STANCE IS AWARD			
a.Type Name of Authorized Repr	esentative		b. Title	_			c. Telephone Number		
Alex Valdez	1		Exe	cutive [Direc	ctor	(559) 275-7133		
d Signature of Authorized Repres	entative //	•					e. Date Signed		
	elder		_			OTAND	3/2/06		
Previous Edition Usable AUTHORIZED FOR LOCAL REPRO	DUCTION					5 I AND	ARD FORM 424 (REV. 4-92) d by OMB Circular A-102		

APPLICATION FOR FEDERAL ASSISTAN	ICE	2. DATE SUBMIT	ITED		Applicant Identifier			
1.TYPE OF SUBMISSION:		3. DATE RECEIV	ED BY STATE		St	tate /	Application Identifier	
Application Prea	application							
Construction	Construction	4. DATE RECEIVED BY FEDERAL AGENC		ENCYFe	Federal Identifier			
Non-Construction	Non-Construction				L			
5. APPLICANT INFORMA				Organia	zational	Unit		
Legal Name: 1-5 Social Se Address (give city, county, state,		oration						contacted on matters involving
4491 W. Shaw Ave. Suit							e area code)	
Fresno, Ca. 93722	100							
·				A	lex V	ald	lez/Tony E. Silv	/a (559) 275-7133
6. EMPLOYER IDENTIFICATION	(EIN):			7. TYPE	E OF AP	PLIC	ANT: (enter appropriate	***************************************
7 7 - 0 4	8 6 3	3 2		A. S1			H. Independent	School Dist.
8. TYPE OF APPLICATION:				C.M	ounty unicipal		J. Private Unive	led Institution of Higher Learning ersity
V N	ew Con	tinuation R	evision	E. In	ownship iterstate	è	K. Indian Tribe L. Individual	
	··				itermunic pecial D		M. Profit Organi ct N. Other (Specif	ization y) <u>Non-Profit</u>
If Revision, enter appropriate lett	er(s) in							
								
7.11.11.11.11.11.11.11.11.11.11.11.11.11	. Decrease Award ther <i>(specify):</i>	c. Increase Dura	ation					
				9. NAM	IE OF FE	DER	AL AGENCY:	
					ПС	\Box \lor	Pual Davolopr	mont
				44 55			Rual Developr	
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANC	E NUMBER:		11. DE	SCRIPTI	IVE	TILE OF APPLICANT'S	PROJECT:
	1	0 - 7	6 6	F	Furnis	sh	Child Developn	nent Center
TITLE: Community	Facilities Gran		0 0				•	
12. AREAS AFFECTED BY PRO	JECT (Cities, Countie	s, States, etc.)		1				
City of Mendo	ota and the S	urrounding	Area					
13. PROPOSED PROJE		ESSIONAL DI	STRICTS (
Start Date Ending Date	a. Applicant				b. Projec		3 4 -	
		anovich					Costa	EVIEW BY STATE EXECUTIVE
15.	ESTIMATED FU	INDING					12372 PROCESS?	EVIEW DI STATE EXECUTIVE
a. Federal	\$		29,500	0.00	a. Y	ES.		N/APPLICATION WAS MADE
b. Applicant	Š	www.commonsor.com	30,000	0.00			12372 PROCESS FOR	TATE EXECUTIVE ORDER REVIEW ON:
o. Approduc	TOTAL							
c. State	TEUEIV						DATE	
d. Local	MAR - 9 20	006						
u. Local	11.4				b. N	10		**COVERED BY E.O. 12372
e. Other STA	TE CLEARING	HOUSE					OR PROGRAM HAS	S NOT BEEN SELECTED BY W
f. Program Income	\$	ON OF REAL PROPERTY AND ADDRESS OF THE PERSON OF THE PERSO		-	17. IS TI	HE A	PPLICANT DELINQUENT	ON ANY FEDERAL DEBT?
	ļ						(Attach explanation)	
g. Total	\$		59,500	0.00	L1	169	(Attach explanation)	
18. TO THE BEST OF M	Y KNOWLEDGE	AND BELIEF	F, ALL DAT	A IN	THIS A	PPI	LICATION/PREAPP	LICATION ARE TRUE AND
CORRECT, THE DOCUMAPPLICANT WILL COMP	MENT HAS BEE	N DULY AUT	HORIZED	BY TH	IE GO	VEF	RNING BODY OF T	THE APPLICANT AND THE
		TIMONED AS		.U II T	IIIL AC	عادر	TAINOL IO AVVARL	c. Telephone Number
a.Type Name of Authorized Repr			b. Title		رم ا:-	4	or	(559) 275-7133
Alex Valdez			<u> </u>	JUUIV	∕e Dir	U Ul	LUI	e. Date Signed
The state of the s								3/2/06
Previous Edition Usable	Jugar	eq					STAND	ARD FORM 424 (REV. 4-92)
AUTHORIZED FOR LOCAL REPRO	DOUCTION						Prescribe	d by OMB Circular A-102

APPLICATION FOR				OMB Approval No. 0348-
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant Identifier
		318106		
1. TYPE OF SUBMISSION:		S. DATE RECEIVED		State Application Identifier
Application Construction	Preapplication Construction	3 BIO	BY FEDERAL AGENCY	Federal Identifier
Non-Construction	Non-Construction		6	
5. APPLICANT INFORMATION				
Legal Name:	- · · · · · · · · · · · · · · · · · · ·	J PROJECT	Organizational Unit	•
RURAL MEDIA ART Address (give city, county, State,	and sin code).	0 1 20 30 - 1		number of person to be contacted on matters invo
4994 GTH STREET		:	this application (give a	
P.O. Box 898	0C220 F3 F3	OFIVED	A LITTICALLY CO	DANOVILH 209.742.6666
MARIPOSA CA 6. EMPLOYER IDENTIFICATION	95338 RE	JEIVED	7. TYPE OF APPLICA	ANT: (enter appropriate letter in box)
31 1736		R 0 8 2006	[]	12
	ITISTY WA	11/ 0 0 2000	A. State	H. Independent School Dist. I. State Controlled Institution of Higher Learning
8. TYPE OF APPLICATION:	- CTATE	CLEARING HOUSE	B. County C. Municipal	J. Private University
New	Continuation -	CLEANING HOUSE	D. Township	K. Indian Tribe
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual
A turner and Australia B Door	ease Award C. Increas	o Duration	F. Intermunicipal G. Special District	M. Profit Organization N. Other (Specify) NON PROFIT
	rease Award C. Increas specify):	e Daradon		
			9. NAME OF FEDER	
			USDA RUR	AL DEVELOPMENT
				TO SEASON IOANTIC BOOLECT.
10. CATALOG OF FEDERAL DO				TLE OF APPLICANT'S PROJECT:
		10 766	TECH	naugy grant
TITLE:				
12. AREAS AFFECTED BY PRO				
MARIPOSA, MARIPO	osa county, ma	adera count	У	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
D D	A Parant	197	b. Project	
Start Date Ending Date MAY07	a. Applicant		b. 7 Tojout	
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE
		op o	ORDER 12372 PI	ROCESS?
a. Federal	\$ 45	750	a VES THIS PRE	APPLICATION/APPLICATION WAS MADE
b. Applicant DEC	EIVED I		AVAILABL	E TO THE STATE EXECUTIVE ORDER 12372
The state of the s	CIVED		PROCESS	FOR REVIEW ON
c. State MAR	\$ 9 2006	, co	DATE	
		.00	-	
STATE CI	SARING HOUSE 55	1000		AM IS NOT COVERED BY E. O. 12372
e. Other	\$ 2	. 900	OR PRO	GRAM HAS NOT BEEN SELECTED BY STATE
(Crearon Incomo	\$	1000	- FORKE	VIC.
f. Program Income	3	!	17. IS THE APPLICA	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ (17	6C11 **	Yes If "Yes,"	attach en explanation.
18. TO THE BEST OF MY KNOW		JOSY LIDATA IN THIS APP		TION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY	AUTHORIZED BY THE G	OVERNING BODY OF	THE APPLICANT AND T	HE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF	THE ASSISTANCE IS AW	ARDED.		
a. Type Name of Authorized Rep	resentative Buch	b. Title EXEC. DIR	FITOR	c. Telephone Number 209 • 74 2 • 6666
d. Signature of Authorized Pepre		I CAEC. DIK		e. Date Signed
5/6				
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APPLICATION FOR Version 7/03 Applicant Identifier Municipal - City of El Centro FEDERAL ASSISTANCE 2. DATE SUBMITTED March 1, 2006 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ☐ Construction Construction Non-Construction
5. APPLICANT INFORMATION ☑ Non-Construction Legal Name: Organizational Unit: Department: Economic Development City of El Centro Organizational DUNS: 07-335-4680 Division: Business Address: Name and telephone number of person to be contacted on matters Street: involving this application (give area code) 1249 Main Street Prefix: First Name: City: El Centro Middle Name County: Imperial Last Name Piedra Zip Code 92243 State: Suffix: Country: United States Email: mpiedra@cityofelcentro.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) (760) 337-4543 9 5 - 6 0 0 0 7 0 4 (760) 352-4867 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) Continuation **V** New Revision Municipal - City of El Centro If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: **USDA Rural Development** 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: El Centro Business Incubation Program. This program is designed to 1 0 - 7 6 9 provide business management assistance, business training, and other TITLE (Name of Program): Rural Business Enterprise Grants business support services to small businesses operating at the El Centro Business/Industrial Incubator facility. 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of El Centro 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: Ending Date: a. Applicant b. Project January 1, 2007 December 31, 2007 District 51 - Bob Filner District 51 - Bob Filner 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE 60,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON 54,000 c. State DATE: March 1, 2006 d. Local PROGRAM IS NOT COVERED BY E. O. 12372 b. No. 5,000 e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE 60,000 FOR REVIEW f. Program Income 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes" attach an explanation. V No 179,000 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Mr. First Name Ruben Middle Name Last Name Duran Suffix . Title . Telephone Number (give area code) City Manager City Manager
d. Signatore of Authorized Representative (760) 337-4543 MAR - 8 2006 e. Date Signed March 1, 2006 Previous Edition Usable Standard Form 424 (Rev.9-2003) Authorized for Local Reproduction STATE CLEARING HOUSE Prescribed by OMB Circular A-102

	OMB Approval No. 0348-0043
	Applicant Identifier
	State Application Identifier
لــ	Federal Identifier
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11	and Operating Assistance
as	Applicant
	E ORDER 12372 PROCESS?
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APPLICATION FO	OR			2. DATE SUBMITTED		Appli	icant Identifier
FEDERAL ASSIST		E				1	
1. TYPE OF SUBMISSION	:			3. DATE RECEIVED B	Y STATE	State	Application Identifier
Application ⊠ Construction		Preapplication Construction					
⊠ Non-Construction		☐ Non-Construction					
a Applied New York	THOM:			4. DATE RECEIVED B	Y FEDERAL	AGENCY Feder	ral Identifier
5. APPLICANT INFORMA Legal Name	TION			Organizational Unit:			
Los Angeles County M	letropoli	itan Transportation A	uthority	Programming	and Poli	cy Analysis	
Address (give city, state, and	-			Name and telephone nur area code)	mber of the p	erson to be contacted	l on matters involving this application (give
One Gateway				Nela De Casti	ro		
Los Angeles, C	Califor	nia 90012-2952		(213) 922-616			
6. EMPLOYER IDENTIFIC 95 - 44019		NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter ap	ppropriate letter in bo	x) N
8. TYPE OF APPLICATIO	N:				Independent		talan I aansta
X New Continuate	ion Rev	vision		C Municipal J	State Contro Private Uni Indian Trib	•	igher Learning
If Revision, enter appropria	te letter(s	in box(es):		E Interstate L F Intermunicipal			
	Decrease .		ration	G Special District			
D Decrease Duration O	ther (<i>spec</i>	ify)		State Chartere			
				9. NAME OF FEDERA Federal Trans			
10. CATALOG OF FEDER	AL DOM	ESTIC 20 - 5 (11. DESCRIPTIVE TIT			T:
ASSISTANCE NUMBER		lestic 20 - 30	, ,		~~~		
TITLE 49 U.S.C.	§ 530′	7		CA-90-Y426	– FY200	6 Capital and	l Operating Assistance
12. AREAS AFFECTED BY	PROJE	CT (cities, counties, state.	s, etc.)	_			
City and County of Lo	s Ange	les, CA					
13. PROPOSED PROJECT		14. CONGRESSIONAL	DISTRICTS OF				
Start Date		Ending Date	a. Applicant			b. Project	
10/01/04		06/30/09	25 through 39, 42, 46			Same as Ap	nlicant
10/01/04		00/30/07				Dame as Ap	pheant
15 ECHINA MED EVIDONI	~	·····	to 10 APPLICATIO	N OVER THE COURSE OF TAXABLE	*** **** COT + OT		DED JAMES DE GERGOS
15. ESTIMATED FUNDING a Federal	<u></u> \$	131,892,725.0	 1	N SUBJECT TO REVIE REAPPLICATION APPI			DER 12372 PROCESS? ABLE TO THE STATE EXECUTIVE
	_	,,.		372 PROCESS FOR REV			
			DATE03.	/06/06			
			b NO□ PRO	OGRAM IS NOT COVE	DED DV E O	12272	
			D NO LI PRO	OGRAM IS NOT COVE	KED BY E O	12372	and the College was and the College was an art of the College was an a
				PROGRAM HAS NOT B	EEN SELEC	TED BY STATE FO	RREVIEW
b Applicant	\$.00					RECEIVED
c State d Local	\$ \$.00 32,973,181.00	-				0 2006
e Other	<u>\$</u>	.00					MAR - 8 2006
f Program Income	\$.00	17. IS THE APPLIC	ANT DELINQUENT ON	ANY FEDE	RAL DEBT?	THIS HOUSE
			☐ Ves If "V	es" attach an explanation	× N	Jo.	STATE CLEARING HOUSE
				es attach an explanation	E21 (V		CONTRACT FOR A STATE OF THE STA
g TOTAL	\$	164,865,906					
18. TO THE BEST OF MY KNO GOVERNING BODY OF THE A							NT HAS BEEN DULY AUTHORIZED BY THE ED
a Typed Name of Authorized	l Represe	ntative		WWW.	b Title		c Telephone number
Gladys Lowe	_				Director Regional Pr	ogram Management	(213) 922-2459
d. Signature of Authorized R	epresent	ative			e. Date Sign	ed	
	~~ 1 +				2 ,		
1 / 4	yu	Process			3-6	-06	

FEDERAL ASSIST	ANCE		2. DATE SUBMITTED		Applicant Id	entifier
1. TYPE OF SUBMISSION Application	ON:	Pre-application	3. DATE RECEIVED BY	STATE	State Applic	ation Identifier
Construction		Construction	4. DATE RECEIVED BY	FEDERAL AG	ENCY Federal Ider	ntifier
Non-Construction		Non-Construction				
5. APPLICANT INFORM	IATION	Mon-Construction				
Legal Name:				Organization	nal Unit:	
Madera County Resource	e Mana	gement Agency		Department:	nty Resource Manager	ment Agency
Organizational DUNS:				Division:		
78807285					of Engineering and Ge	
Address: Street:					lephone number of p s application (give a	person to be contacted on matters
2037 W. Cleveland Ave.				Prefix:	First Name:	
City:				Mr. Middle Name	Floyd	
City: Madera				wilddie Name		
County: Madera				Last Name Davis		
State:		Zip Code		Suffix:		
CA Country:		93637		Emaile		
USA				Email: fdavis@made	era-county.com	
6. EMPLOYER IDENTIFI	CATIO	N NUMBER (EIN):		Phone Numb	er (give area code)	Fax Number (give area code)
94-60005	5 1 8			559-661-6333	3	559-675-7639
8. TYPE OF APPLICATION				7. TYPE OF	APPLICANT: (See ba	ick of form for Application Types)
	✓ New	Continuation	Revision	В	•	
If Revision, enter appropri	iate lette	er(s) in box(es)	MANA			
(See back of form for desc	cription	or letters.)		Other (specify)	
Other (specify)				9. NAME OF	FEDERAL AGENCY:	
					Utility Service	
10. CATALOG OF FEDE	ERAL D	OMESTIC ASSISTANC	E NUMBER:			ICANT'S PROJECT:
			10-766	Water system	n acquisition and upgra	ades
TITLE (Name of Program):					
12. AREAS AFFECTED I	BY PRO	JECT (Cities, Counties,	States, etc.):	-		
Eastern Madera County		, , ,	, ,			
13. PROPOSED PROJEC	СТ			14. CONGRE	SSIONAL DISTRICTS	S OF:
Start Date:		Ending Date:		a. Applicant		b. Project
6-1-2006		6-1-2009		Radanovich		Radanovich
15. ESTIMATED FUNDIN	iG:			16. IS APPLIC		O REVIEW BY STATE EXECUTIVE
a. Federal	\$		740,000,000	S Ves ITT T	HIS PREAPPLICATIO	N/APPLICATION WAS MADE
b. Applicant	The Breeze	OFILED	10,000,000	A	VAILABLE TO THE S ROCESS FOR REVIE	TATE EXECUTIVE ORDER 12372
1	HL	CEIVED				744 O14
c. State	\$	~ ~ ~ ~ ^	.00	D	ATE:	
d. Local	MA	\R - 7 2006	.00	b. No. 📈 P	ROGRAM IS NOT CO	VERED BY E. O. 12372
		· · · · · · · · · · · · · · · · · · ·	- 00	D. NO. 14		
e. Other	TATE	CLEARING HOUSE			R PROGRAM HAS N OR REVIEW	OT BEEN SELECTED BY STATE
f. Program Income	\$.00	17. IS THE A	PPLICANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL	\$		00			yearner)
			•		s" attach an explanatio	
18. TO THE BEST OF MY	Y KNOV	VLEDGE AND BELIEF,	ALL DATA IN THIS APP	LICATION/PRI	EAPPLICATION ARE	TRUE AND CORRECT. THE
ATTACHED ASSURANCE	ES IF TH	HE ASSISTANCE IS AV	ARDED.	I NE APPLICA!	TI AND THE APPLIC	ANT WILL COMPLY WITH THE
a. Authorized Representat		Circl Name		·	herro Ar	
Prefix Mr.		First Name Floyd			Middle Name	
Last Name					Suffix	
Davis b. Title		^			c. Telephone Numbe	C (give area code)
Resource Management A	gency [rector/Interim County E	ingineer		559-661-6333	(give alea code)
d. Signature of Authorized	Repres	entative			e. Date Signed	106
	~~~				, TOURS	

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**APPLICATION FOR** 

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

Prescribed by OMB Circular A-102

2. DATE SUBMITTED FEDERAL ASSISTANCE Applicant Identifier March 1, 2006 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier Application Pre-application 4. DATE RECEIVED BY FEDERAL AGENCY Construction Federal Identifier Construction Non-Construction
5. APPLICANT INFORMATION Non-Construction Legal Name: Organizational Unit: Department: Department of Business Assistance and Housing Develpment City of Oroville Organizational DUNS: Division: Address: Name and telephone number of person to be contacted on matters Street: involving this application (give area code) Prefix: First Name: Pat 1735 Montgomery Street City: Oroville Middle Name County: Last Name Griffin Butte Zip Code 95965 State: California Suffix: Country: USA **Email** clarkpi@cityoforoville.org 6. EMPLOYER IDENTIFICATION NUMBER (EIN): Phone Number (give area code) Fax Number (give area code) 9 4 - 6 0 0 0 3 8 7 (530) 538-2495 (530) 538-2439 8. TYPE OF APPLICATION: 7. TYPE OF APPLICANT: (See back of form for Application Types) Continuation ✓ New Revision С If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) Other (specify) 9. NAME OF FEDERAL AGENCY: U.S.D.A Rural Development Administration 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Business Recruitment, Retention and Expansion Program 1 0 - 7 6 9 TITLE (Name of Program): 12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Oroville 13. PROPOSED PROJECT 14. CONGRESSIONAL DISTRICTS OF: Start Date: **Ending Date:** a. Applicant b. Project 15. ESTIMATED FUNDING: 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Federal THIS PREAPPLICATION/APPLICATION WAS MADE a. Yes. 🗌 30,000 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 b. Applicant PROCESS FOR REVIEW ON c. State 00 DATE: STATE CLEARING HOUSE d. Local PROGRAM IS NOT COVERED BY E. O. 12372 35,000 b. No. e. Other OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW f. Program Income 00 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? g. TOTAL Yes If "Yes" attach an explanation. 65.000 √ No 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative First Name Sharon Middle Name Last Name Atteberry Suffix b. Title c. Telephone Number (give area code) City Administrator (530) 538-2405 d. Signature of Authorized Representative e. Date Signed February 28, 2006 ttetrem Previous Edition Usable Standard Form 424 (Rev.9-2003)

APPLICATION FOR

Authorized for Local Reproduction

	)		dentifica	
APPLICATION FOR FEDERAL ASSISTANCE	DATE SUBM	IITTED	Applic /dentifier	]
		NATIONAL AND	State Application Identifier	
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application Identifier	
1. TYPE OF SUBMISSION	4, Federal Ide	ntifier		•
☐ Pre-application ☑ Application ☐ Changed/Corrected Application				
5. APPLICANT INFORMATION		* Organizationa	O467058490000	
* Legal Name: Regents of the University of California, I	rvine			
Department: Sponsored Projects	Division: Of	fice of Research Admin.		
Street1: 300 University Tower	Street2:			
* City: Îrvine Cot	inty: Orange	DECEIVED	State: CA ZIP Code: 92697-7	600
* Country: USA				
Person to be contacted on matters involving this applica-	ation	MAR ~ 7 2006		
Prefix: * First Name:	Middle Name:		est Name: Suffix	:
Darlene	K. S	TATE CLEAPING HO	ullivan	- ALIEN
* Phone Number: 949-824-0341 F	ax Number: 949	J-824-2094	Emeil: dksulllv@ucl.edu	
8. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT	!	
95-2226406		F: State-C	ontrolled Institution of Higher Education	
8. TYPE OF APPLICATION: V New		Other (Specify):		
	Revision	S:	mall Business Organization Type  Socially and Economically Diead	vantaged
If Revision, mark appropriate box(es).		9, * NAME OF FEDERAL A	GENCY:	
A. increase Award B. Decrease Award C. In	crease Duration	Chicago Service Center		
D. Decrease Duration [ E. Other (specify)		10. CATALOG OF FEDER	AL DOMESTIC ASSISTANCE NUMBER:	
* Is this application being submitted to other agencles?	Yes∭ No <b></b>	81.049		
What other Agencles?		TITLE: Office of Science	Financial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:			
Framework for FICS		30,7,100	2010	
12. AREAS AFFECTED BY PROJECT (cities, count	es, states, etc.)			
			TOLOTA OF	
13. PROPOSED PROJECT:  * Start Date  * Ending Date		14, CONGRESSIONAL DIS a. "Applicant	STRICTS OF: b. * Project	
07/01/2006 06/30/2011		48	US-all	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO	R CONTACT INF	ORMATION		
Prefix: * First Name:	Middle Name:		Last Name: Suffix	<u>::</u>
Dr. Zhihang	<u>                                     </u>	L		
Position/Title: Professor and PI	* Organization	on Name: Regents of the U	niversity of California, Irvine	
Department: Physics & Astronomy	Division:	Physical Science	15	
* Street1: 4129 Frederick Reines Half	Street2:			
* City: Irvine Co	ounty: Orange		* State: CA ZIP Code: 92697-	4575
* Country: USA				
* Phone Number: 949-324-2717 F	ax Number: 949	-824-2174	* Email: zhihongi@uci.edu	

OMB Number: 4040-0001

9498241465

* Signature of Authorized Representative

Completed on submission to Grants.gov

20. Pre-application

Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 a. * Total Estimated Project Funding 265,536.00 PROCESS FOR REVIEW ON: 265,536,00 b. * Total Federal & Non-Federal Funds DATE: 03/06/2006 0.00 c. * Estimated Program Income b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ▼ * l agree *The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: " Last Name: Middle Name: Prefix: * First Name: Sullivan K. Darlene Regents of the University of California, Irvine * Organization: Position/Title: Grants Officer Research Administration Department: Sponsored Projects Admin. Division: * Street1: 300 University Tower Street2: * ZIP Code: 92697-7600 CA * State: County: Orange " City: | Irvine USA * Country: dksulliv@ucl.edu Fax Number: |949-824-2094 Email: Phone Number: 949-824-0341

OMB Number: 4040-0001

the grant that Attitude

* Date Signed

Completed on submission to Grants.gov

ALCOHOLD BURGER

Add Atlachment

Division:

Street2:

Fax Number: 949-824-9920

County:

Chemistry

USA

Phone Number: 949-824-4295

1131Natural Science II

Department:

* City: Irvine

* Country:

* Street1:

OMB Number: 4040-0001

- ZIP Code: |92697-2025

* State: |CA

* Email; | dtoblas@ucl.edu

9498241465

Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. " IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES V THIS PREAPPLICATION/APPLICATION WAS MADE 685,753.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 a. * Total Estimated Project Funding PROCESS FOR REVIEW ON: 685,753.00 b. * Total Federal & Non-Federal Funds DATE: 03/06/2006 c. * Estimated Program Income b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications, and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent atatements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ " lagree * The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: " Last Name: Middle Name: Prefix: " First Name: Sullivan K Dariene The Regents of the University of California " Organization: * Position/Title: Grant Officer Office of Research admin Division: Department: Sponsored Projects Street2: * Street1: 300 University Tower * ZIP Cade: 92697-7600 CA * State: * City: Irvine County: USA * Country: dksulliv@ucl.edu Fax Number: 949-824-2094 * Phone Number: 949-824-0341 * Date Signed * Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov Add Attachment Burn B. Albertanic production to the production of the 20. Pre-application

OMB Number: 4040-0001

Post-It™ Fax Note To Evants Coordin Co./Dept Phone 1947.834-0341 Phone # Fax #914-323-3018

9498241465

Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? 8. YES THIS PREAPPLICATION/APPLICATION WAS MADE 460,852.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 a. " Total Estimated Project Funding PROCESS FOR REVIEW ON: 460,852.0D b. * Total Federal & Non-Federal Funds DATE: 03/03/2008 0.00 c. * Estimated Program Income PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances? and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * lagree * The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: * Last Name: Middle Name: Prefix: * First Name: Sullivan K. Darlene Regents of the University of California, Irvine Grants Officer · Organization: * Position/Title: Research Administration Sponsored Projects Admin. Division: Department: Street2: * Streel1: 300 University Tower ZIP Code: 92697-7600 CA * State: County: Orange City: Irvine USA * Country: Fax Number: 949-824-2094 caron@rgs.uci.edu Phone Number: 949-824-3029 • Email: " Date Signed * Signature of Authorized Representative Completed on submission to Granta.gov Completed on submission to Grants.gov Avad Attachment Sec. 10, 17, 27, 18 20. Pre-application

OMB Number: 4040-0001

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APPLICATION FOR FEDERAL ASSISTANCE	2, DATE SUBM	WITTED	Applicant Identifier	
	03/06/2006			
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State Application Identifier	
1. TYPE OF SUBMISSION	4, Federal Ida	- Alflor		
Pre-application Application Changed/Corrected Application	4, FB\$G(a)			
5. APPLICANT INFORMATION		" Organizational D	OUNS: 0471200840000	
^ Legal Name: The Regents of the University of Californ	nla			
Department: Office of Research	Division: Sp	ponsored Programs		
Street1: One Shields Avenue	Street2: 11	18 Everson Hall		
* City: Davis Cou	unty: Yolo		* State: CA * ZIP Code: 95616-527	70
^ Country: USA	F	RECEIVED	_	
Person to be contacted on matters involving this applica	ation	MAD (7)	st Name: Suffix:	
Prefix: *First Name:  Ms. Leanna	Middle Name:	Sweh		
	Fax Number 530	TE CLEARING	Email: Imsweha@ucdavis.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	ax Mumber	THE CONTRACT PROPERTY OF THE PARTY OF THE PA	:maii: imawena@ucuavia.euu	
946036494	1	7. TYPE OF APPLICANT:	· 11-41Alk.Man of Lilebay Education	
			trolled Institution of Higher Education	
8. TYPE OF APPLICATION: V New	1	Other (Specify):	ll Business Organization Typs	
Resubmission Renewal Continuation	Revision	Women Owned	Socially and Economically Disadva	ntaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGE	NCY:	
A. Incresse Award 🗔 B. Decresse Award 🔟 C. Inc	crease Duration	Chicago Service Center		
D. Decrease Duration E. Other (specify).		10. CATALOG OF FEDERAL I	DOMESTIC ASSISTANCE NUMBER:	
" Is this application being submitted to other agencies?	Yes No	81.049		
What other Agencies?		TITLE: Office of Science Fina	ancial Assistance Program	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		January		
Institute for Quantum Simulations of Materials and Nano	ostructures			
12. * AREAS AFFECTED BY PROJECT (cities, countis	es, slates, etc.)			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTR		
* Start Date * Ending Date	1	a. * Applicant	RICTS OF: b. * Project	
07/01/2006 06/30/2011		CA-001	CA-001	$\neg$
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	R CONTACT INFO	DRMATION		
Prefix: *First Name:	Middle Name;		t Name: Suffix:	
Dr. Giulia		Galli	PhD	
Position/Title: Professor	* Organization	on Name: The Regents of the Ur	niversity of California	
Department: Chemistry	Division:	L&S, Math & Physica	al Sciences	
Street1: One Shields Avenue	Street2:	University of California	a	
	unty; Yolo	<u></u>	* State: CA * ZIP Code: 95616-527	70
* Country: USA		• • • • • • • • • • • • • • • • • • • •	·	
* Phone Number: 530-754-9554 Fax	ex Number: 530-7	752-8905 • F	mall: gagati@uedaula.adu	

OMB Number: 4040-0001

20. Pre-application

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Page 2 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 8,545,883,00 a. * Total Estimated Project Funding PROCESS FOR REVIEW ON: 0.00 b. * Total Federal & Non-Federal Funds DATE: 03/06/2006 c. * Estimated Program Income 0.00 b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 16. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any reaulting terms if I accept an award. I am aware that any felse, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ · lagree The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative * First Name: Suffix: Prefix: Middle Name: " Last Name: Ms. Leanna Sweha * Position/Title: * Organization: Contracts & Grants Officer The Regents of the University of California Department: Office of Research Division: Sponsored Programs * Street1: One Shields Avenue Street2: 118 Everson Hall * ZIP Code: 95616-5270 " City: Davis CA County: Yolo " State: USA * Country: * Phone Number: 530-754-4340 Fax Number: 530-752-5432 lmsweha@ucdevie.edu * Signature of Authorized Representative * Date Signed Completed on submission to Grants.gov Completed on submission to Grants.gov

> OMB Number: 4040-0001 Expiration Date: 04/30/2006

View Attachment

Delete Attachment

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APPLICATION FOR		O DATE OLIDARITED		1011	Version 7/03
FEDERAL ASSISTANCE		2. DATE SUBMITTED	03/01/06	Applicant Ider	·
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	☐ Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identi	fier
Non-Construction	Non-Construction		•		
5. APPLICANT INFORMATION			Organizational Unit	•	
Legal Name:	amb C Dimamai	-1 ()	Department:		
Economic Developm Organizational DUNS: 0/2		ar corp	Division:		
94 3	372839				
Address: Street:			Name and telephon involving this applic	cation (give are	rson to be contacted on matters a code)
	ana	•	Prefix:	First Name:	adalin
631 S Orchard Av	enue		Middle Name	FIG	delli
Ukiah County:			Last Name		
Mendocino		,	Hol	tkamp	
State: CA	Zip Code 95482	•	Suffix:		
Country:	C A :		Email: madeli	n@edfc.or	or .
6. EMPLOYER IDENTIFICATIO	s of America N NUMBER <i>(EIN):</i>		Phone Number (give a		Fax Number (give area code)
68-0346089			(707) 467-59	953	(707) 467-5901
8. TYPE OF APPLICATION:					c of form for Application Types)
X New		n 🔲 Revision			
If Revision, enter appropriate lette (See back of form for description	er(s) in box(es) of letters.)		Other (specify)	N	
	,				
Other (specify) Economic	Development &	Financial Corp	9. NAME OF FEDER	ral Develo	opment
10. CATALOG OF FEDERAL D	OMESTIC ASSISTANC	E NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLI	CANT'S PROJECT:
	•	10-769	Renewable	Energy Fu	nd
TITLE (Name of Program): Eco	nomic Adjustme	ent		33	
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties	, States, etc.):			
Mendocino County	, California	· ·			,
13. PROPOSED PROJECT				AL DISTRICTS	OF: Mike Thompson
Start Date: 07/01/06	Ending Date: 06/30	0/07	a. Applicant California	lst Dist.	b. Project Same
15. ESTIMATED FUNDING:			16. IS APPLICATION	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal \$	· · · · · · · · · · · · · · · · · · ·	100,000	ORDER 12372 PROC	ESS? EAPPLICATION	VAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant	STIVED.	00			1
I HE	CEIVLD	25,000		SS FOR REVIEV	VON
c. State \$	AD - 6 2006		DATE:		•
<b>1</b>	IAN	.00	b. No. III PROGRA	AM IS NOT COV	ERED BY E. O. 12372
e. Other \$	E CLEARING HOUS		OR PRO		T BEEN SELECTED BY STATE
f. Program Income \$1.A1	COLLINA	. 00	17. IS THE APPLICA		NT ON ANY FEDERAL DEBT?
g. TOTAL \$		00	□Yes If "Yes" attacl	h an evnlanation	. 🖳 No
18. TO THE BEST OF MY KNO	WLEDGE AND BELIEF.	125,000.00 ALL DATA IN THIS APP	!	,	
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF T	AUTHORIZED BY THE	GOVERNING BODY OF T			
a. Authorized Representative					
Prefix	First Name Madeli	n		Name	
Last Name Holtkamp			Suffix		
o. Title Executive Dire	ctor		c. Tale	ephone Number 07) 467-5	(give area code) 9.5.3
d. Signature of Authorized Repres				e Signed	
			1		1

V	Post-it® Fax Note 7671 Date 3/6/06 pages 2
2. UA	Fr. Fr. TVAN
SF 424 (R&R) 3. DA	Co./Dept. Co. // Trying
	Phone # 916/445-6613 Phone # 949/824-7813
	Fax# 916 / 323 - 3018 Fax#
Pre-application Application  Changed/Corrected Application	110/3-3 3013
5. APPLICANT INFORMATION	* Organizational DUNS: 0467D58490000
Legal Name: The Regents of the University of California	
Department: Research Administration Division:	
* Street1: 300 University Tower Street2:	DEOLUGI
* City: Irvine County: USA	* State: CA
* Country: USA	MAR - 6 2006
Person to be contacted on matters involving this application	
Prefix: First Name: Middle Nam	ATE CLEARING HOUSE Last Name: Suffix:
IMS, Iam	j ran
* Phone Number: 949-824-7613 Fax Number:	949-824-2094 Email: tamkt@uci.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	7. TYPE OF APPLICANT:
95-2226406	F: State-Controlled Institution of Higher Education
8. * TYPE OF APPLICATION: V New	Other (Specify):
Resubmission Renewal Continuation Revision	Small Business Organization Type  Women Owned Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).	9. ' NAME OF FEDERAL AGENCY:
[ T] A. Increase Award 📑 B. Decrease Award 📋 C. Increase Duratio	n Chicago Service Center
D. Decrease Duration E. Other (specify)	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies? Yes[_] No	81.049
What other Agencies?	TITLE: Office of Science Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
Advanced Development of Meshless Methods in Engineering Science	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc. Irvine, CA; Los Alamos, NM	
Landard State 1 Till 1 (1 September 1 Till 2 (1 September 1 Till 2 Till	T
13. PROPOSED PROJECT:  * Start Date  * Ending Date	14. CONGRESSIONAL DISTRICTS OF: a. * Applicant b. * Project
07/01/2D06   06/30/2011	48 48
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT	INFORMATION
Prefix: * First Name: Middle Name	
Dr. Satya N.	Atluri
Position/Title: Professor * Organiz	ation Name: The Regents of the University of California
Department: Mechanical and Aerospace Engr Division:	
* Street1: 4200 Engineering Gateway Street2:	
*City: Irvine County: Orange	* State: CA * ZIP Code: 92627-3975
Country: USA	
* Phone Number: 949-824-9946 Fax Number:	949-824-8585 * Email: satluri@ucl.edu

OMB Number: 4040-0001

SF 424 (R&R) APPLI	CATION F. FEDERA	AL ASSISTAN	NCE	i	1	Page 2
16. ESTIMATED PROJECT FUNDING			IS APPLICATION ROBER 12372 P		EVIEW B	Y STATE EXECUTIVE
a. * Total Estimated Project Funding	2,850,000.00	a. YE	_ AVAILA	REAPPLICATION/AI BLE TO THE STATI SS FOR REVIEW (	E EXECUT	ON WAS MADE TIVE ORDER 12372
o. * Total Federal & Non-Federal Funds c. * Estimated Program Income	0.00	DATE	p			
		b. NO	PROGR	RAM IS NOT COVER	RED BY E.	.O. 12372; OR
			PROGR REVIEV		N SELEC	TED BY STATE FOR
The first of continuations and assurances  19. Authorized Representative	·		91, is contained in	•	agency spec	
Prefix: First Name:  Ms. Tam	Middle I ∐K.	Name:		Last Name:		Suffix:
Position/Title: Grants Officer		rganization: T	he Regents of	the University of Cal	ifornia	
Department: Research Administral		ision:	The regelling of	and different of the	1	
* Street1: 300 University Tower	Stre	eet2:				
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
* City: Irvine	County: U	SA		* State:	CA	*ZIP Code: 92697-7600
* City:   Irvine   USA	County: U	SA		* State:	CA	*ZIP Code: 92697-7600
(	County: U	ļ	94		CA amkt@ucl	
• Country: USA • Phone Number: 949-824-7813		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	94	* Email: [ti	amkt@ucl.	.edu

Add Attachment

QMB Number: 4040-0001

Expiration Date: 04/30/2008

20. Pre-application

MAR. 6.2006_11:35AMUCSD (	Johiraci &	Grant Admin. ——		_NO. 3065P. 2 <del></del>
	2, DATE SUB	MITTED	Appli Identi	fier
APPLICATION FOR FEDERAL ASSISTANCE	03/06/2006			
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Application	n Identifier
1. TYPE OF SUBMISSION	1			
Pre-application Application	4. Federal Id	entifier		
Changed/Corrected Application				
5. APPLICANT INFORMATION		• Organizati	onal DUNS: 8043557800	000
* Legal Name: The Regents of the University of Californ	mla; University of	Callfornia San Diego		
Department: Office of Contracts & Grants	Division:			
* Street1: University of Celifornia San Diego	Street2: 9	500 Gilman Drive - 0934		
* City: La Jolla Co	unty:		* State: CA	* ZIP Code: 92093-0934
* Country: USA				
Person to be contacted on matters involving this applic				A
Prefix: * First Neme:	Middle Name:		* Last Name:	Suffix:
Judith	<u></u>			
* Phone Number: (858) 534-8632	ax Number: (8	58) 534-0280	Email: jwheaton@u	100.600
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICA		
95-6006-144		F: Sta	le-Controlled Institution of I	Higher Education
8.* TYPE OF APPLICATION: V New		Other (Specify):	0	No. 70.00
Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organiza	end Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGENCY:	
📵 A. Increase Award 📵 В. Decrease Award 📵 С. It	ncrease Duration	Chicago Service Center		
D. Decressa Duration  E. Other (specify)		10. CATALOG OF FED	ERAL DOMESTIC ASSIS	TANCE NUMBER:
* Is this application being submitted to other agencies?	Yes No	81.049		
What other Agencies?		TITLE: Office of Scien	nce Financial Assistance Pr	rogram
11. " DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:			TRECEIVED
Delivering Pelabyte-Scale Storage Elements to Suppo	rt the LHC Physic	os Program		MAD
12. " AREAS AFFECTED BY PROJECT (cities, count	les, states, etc.)			MAN - 0 2006
San Diego				STATE CLEARING HOUS
13. PROPOSED PROJECT:		14, CONGRESSIONAL		Control of the Contro
* Start Date		a. * Applicant	b. * Proj	ect
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Profix: * First Name:	OR CONTACT IN Middle Name:		Last Name:	Suffix:
Frank			Wuerthweln	
Position/Title: Associate Professor	* Organiza	tion Name: The Regents	of the University of Californ	nia; University of California San
Department: Office of Contracts & Grants	Division;			
* Street1: University of California San Diego	Street2:	9500 Gliman	Drive - 0934	
* City: La Jolia C	ounty: San Dieg	90	* State: CA	*ZÍP Code: 92093-0934
* Country: USA				-
* Phone Number: (858) 822-3219	Fax Number:		• Email: fkw@ucsd.	.edu

OMB Number: 4040-0001 Expiration Date: 04/30/2008

6. ESTIMATED PROJECT FUNDING		17.	* IS APPLICATION SUBJECT TO REVIEW BY ORDER 12372 PROCESS?	STATE EXECUTIVE
Total Estimated Project Funding     Total Federal & Non-Federal Funds	496,341.00	a. Y	'ES THIS PREAPPLICATION/APPLICATION  AVAILABLE TO THE STATE EXECUTIVE  PROCESS FOR REVIEW ON:	N WAS MADE VE ORDER 12372
* Estimated Program Income	0.00	DA b. N	NO PROGRAM IS NOT COVERED BY E.C.	
			REVIEW	
criminal, civil, or administrative  v i agree	penalties, (U.S. Co	ode, Title 16, 56C		
criminal, civil, or administrative  v i agree  * The list of certifications and assurance.  19. Authorized Representative	s, or an internel site whe	ode, Title 16, 56C	s list, is contained in the announcement or agency apach * Last Name:	
criminal, civil, or administrative  v i agree * The list of certifications and assurance.  9. Authorized Representative	s, or an internel site whe	nde, 11tle 16, 59ct	* Last Name:	ne Instructions. Suffix:
oriminal, civil, or administrative  'I agree  'The list of certifications and assurance  9. Authorized Representative  Prefix: First Name:  Judith	s, or an internel site whe	nde, 11tle 16, 59ct	s list, is contained in the announcement or agency apach * Last Name:	ne Instructions. Suffix:
oriminal, civil, or administrative  of agree  *The list of certifications and assurance:  9. Authorized Representative  Peffix: *First Name:  Judith  Position/Title: Contract & Grant Offi	s, or an internel site whe	ire you may obtain this	* Last Name:	De Instructions. Suffix:
criminal, civil, or administrative  'I agree  'The list of certifications and assurance:  19. Authorized Representative  Prefix: 'First Name:  Judith  Position/Title: Contract & Grant Offication of Contracts & Grant Offica	s, or an Internet site whe	iddle Name:	* Last Name:   Wheaton   The Regents of the University of California;	Suffix: rersity of California San Diego
* Position/Tille: Contract & Grant Office Department: University of California.	s, or an Internel site whe	are you may obtain this  Iddie Name:  Organization:	* Last Name:  Wheaton  The Regents of the University of California; Un	ne Instructions. Suffix:
criminal, civil, or administrative  'I agree  'The list of certifications and assurance:  19. Authorized Representative  Prefix: 'First Name:  Judith  'Position/Title: Contract & Grant Offi  Department: Ofc of Contracts & G  'Street1: University of California.	s, or an Internel site whe	ode, Title 16, Sections you may obtain this iddie Name:  * Organization:  Division:  Street2:	* Last Name:  Wheaton  The Regents of the University of California; Un	Suffix: rersity of California San Diego
criminal, civil, or administrative  v i agree  * The list of certifications and assurance:  19. Authorized Representative  Prefix: * First Name:  Judith  * Position/Title: Contract & Grant Offi  Department: Ofc of Contracts & G  * Street1: University of Californi  * City: La Jolla	s, or an Internet site whe	ode, Title 16, Sections you may obtain this iddie Name:  * Organization:  Division:  Street2:	* Last Name:  Wheaton  The Regents of the University of California; Un	Suffix:  versity of California San Diego  * ZIP Code: 92093-0934

OMB Number: 4040-0001

MAR. 6. 2006_11:55AMUCSD_(	Contract &	Grant Admin	NO. 3067P. 2
ADDITION OF THE PART ACCICTANCE	2. DATE SUBM	ITTED	Appl Identifier
APPLICATION FOR FEDERAL ASSISTANCE	03/06/2006		1,000
SF 424 (R&R)	3. DATE RECE	VED BY STATE	State Application Identifier
1, "TYPE OF SUBMISSION	4. Federal ider	vilfiar	
Pre-application Application	1.10001217001	1011	
Changed/Corrected Application			
5. APPLICANT INFORMATION			al DUNS: 8043557900000
* Legal Name: The Regents of the University of Califor	nla; University of C	California, San Diego	
Department: Office of Contract end Grant	Division:		
* Street1: 9500 Gilman Drive, 0934	Street2:		
* City: La Jolla Con	unty: San Diego		* State: CA *ZIP Code: 92093-0934
Country: USA			
Person to be contacted on matters involving this applica-	ation		2.7
Prefix: * First Name:	Middle Name:		Last Name: Suffix:
Ma. Judith	<u> </u>		Wheaton
* Phone Number: 858-534-8832 F	ax Number: 858	-534-0280	Ernail: jwheaton@ucsd.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICAN	
95-6006-144		F: State-	Controlled Institution of Higher Education
8, * TYPE OF APPLICATION: V New		Olher (Specify):	
Resubmission Renewal Continuation	Revision	Women Owned	Smell Business Organization Type  Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. • NAME OF FEDERAL	AGENCY:
□ A. Increase Award □ B. Decrease Award □ C. In	crease Duration	Chicago Service Center	
D. Decrease Duration		10. CATALOG OF FEDER	RAL DOMESTIC ASSISTANCE NUMBER:
Is this application being submitted to other agencies?	Yes No ✓	81.049	
What other Agencles?		TITLE: Office of Science	Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:		
Modeling and Optimization of Turbulent Flow Systems			
12. * AREAS AFFECTED BY PROJECT (cities, count	ies, stales, elc.)		RECEIVED  DISTRICTS OF:  b. Project  MAR - 6 2006
		14. CONGRESSIONAL D	ISTRICTS OF: MAD
13. PROPOSED PROJECT:  * Start Date  * Ending Date		g. * Applicant	b. Project WAR - 6 2006
07/01/2006 06/30/2011		53	53 STATE GLEAHING HOUSE
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO	OR CONTACT IN	ORMATION	HOUSE
Preflx: * First Name:	Middle Name:		* Last Name: Suffix:
Dr. Thomas			Bewley PhD
Position/Title: Associate Professor/Pt	* Organizati	on Name: The Regents of	the University of California, University of California, San
Department: Mechanical & Aerospace Eng	Division:		
* Street1: 9500 Gilman Drive, 0411	Stroet2:		
* City: La Jolla	ounty: San Diego		* State: CA * ZIP Code: 92093-0411
* Country: USA	r		
* Phone Number: 858-534-4287	Fax Number: 856	3-534-7078	* Email: thewley@ucsd.edu

OMB Number: 4040-0001 Expiration Date: 04/30/2008

SF 424 (R&R) APPLI	CATION FUR FEDERAL ASSISTANCE	)	Page 2
6. ESTIMATED PROJECT FUNDING		PLICATION SUBJECT TO REVIEW BY 12372 PROCESS?	STATE EXECUTIVE
<ul> <li>Total Estimated Project Funding</li> <li>Total Federal &amp; Non-Federal Funds</li> <li>Estimated Program Income</li> </ul>	4,300,769.00 0.00  DATE: 03.	THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE PROCESS FOR REVIEW ON:  1/06/2006  PROGRAM IS NOT COVERED BY E.O  PROGRAM HAS NOT BEEN SELECTE REVIEW	/E ORDER 123/2 . 12372; OR
We de Jascept an arms if I accept an aw	the best of my knowledge. I also provide the rard. I am aware that any false, fictlious, or	L Mananicus aratemanta of Aramia mai	y subject me to
* The list of conflications and assurances  19. Authorized Representative	penalties. (U.S. Code, Title 18, Section 100	ontained in the announcement or agency specif	
*The list of cortifications and assurances  19. Authorized Representative  Prefix: *First Name:	penalties. (U.S. Code, Title 18, Section 100	ontained in the announcement or agency specific	Suffix:
The list of cortifications and assurances  19. Authorized Representative  Prefix: First Name:  Me. Judith	s, or an Internet also where you may obtain this list, is at  Middle Name:	ontsined in the announcement or agency specific * Last Name: Wheaton	Suffix:
* I agree  *The list of cortifications and assurances  19. Authorized Representative  Profix: *First Name:  Me. Judith	Middle Name:  officer  officer  officer  Output  Outpu	ontained in the announcement or agency specific	Suffix:
** The list of confineations and assurances  9. Authorized Representative  Prefix: ** First Name:  Me. Judith  Position/Title: Contract and Grant O	Middle Name:  Organization:  The Reservoir 100  The Reservoir 100	ontsined in the announcement or agency specific * Last Name: Wheaton	Suffix:
** I agree  **The list of continuations and assurances  19. Authorized Representative  Prefix: **First Name:  Me. Judith  Position/Title: Contract and Grant O  Department: Office of Contract and	Middle Name:  Organization:  The Red Grant  Division:	ontsined in the announcement or agency specific * Last Name: Wheaton	Suffix:
The list of cortifications and assurances  19. Authorized Representative  Prefix: First Name:  Me. Judith  Position/Title: Contract and Grant O  Department: Office of Contract and  Street1: 9500 Gliman Drive, 0	Middle Name:  Organization:  The Red Grant  Division:	ontsined in the announcement or agency specific * Last Name: Wheaton	Suffix:
The list of confineations and assurances  19. Authorized Representative  Prefix: First Name:  Me. Judith  Position/Title: Contract and Grant O  Department: Office of Contract and  Street1: 9500 Gliman Drive, 0  City: La Jolie	Middle Name:  Middle Name:  Organization:  The Red Grant  Division:  Street2:	• Last Name: Wheaton	Suffix:
* The list of conflications and assurances  19. Authorized Representative  Prefix: * First Name:  Me. Judith  * Position/Title: Contract and Grant O  Department: Office of Contract and  * Street1: 9500 Gliman Drive, 0  * City: La Jolie	Middle Name:  Middle Name:  Organization:  The Red Grant  Division:  Street2:	• Last Name: Wheaton	Suffix:  versity of California, San Diego  versity 2IP Code: 92093-0934

OMB Number: 4040-0001

Fax Number: 805-893-2902

* Country:

USA Phone Number: 805-893-3469

QMB Number: 4040-0001

↑ Email: |sugar@physics.ucsb.edu

8058932611 UCSB OFC OF RESEARCH PAGE 03/03

SF 424 (R&R) APPLICATION FOR FEDERAL ASS		17. S APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE				
16. ESTIMATED PROJECT FUNDING		ORDER 12372 PROCESS?				
Total Estimated Project Funding	150,000.00 a. Y	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: 03/06/2006				
Total Federal & Non-Federal Funds	150,000.00					
Estimated Program Income	0.00	. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR				
		PROGRAM HAS NOT BEEN SELECTED REVIEW	BY STATE FOR			
[7] + 1		tion 1001)				
	, or an internet site where you may obtain th	is list, is contained in the announcoment or agancy specific				
The list of cortifications and assurances  9. Authorized Representative	, or an internet site where you may obtain the Middle Name:	is list, is contained in the announcement or agency specific  * Last Name:	Suffix:			
The list of certifications and assurances  3. Authorized Representative refix: First Name: 6. Cara	Middle Name:	Is list, is contained in the announcement or agancy specific  * Last Name:  Egan-Williams				
The list of cortifications and assurances  9. Authorized Representative refix: First Name: 6. Cara  Position/Title: Sponsored Projects C	Middle Name:  Officer * Organization:	Last Name:  Egan-Williams  The Regents of the University of California				
- The list of cortifications and assurances  3. Authorized Representative refix: First Name: (s.   Cara  Position/Title: Sponsored Projects Capariment: Office of Research	Middle Name:  Officer Organization:  Division:	Is list, is contained in the announcement or agancy specific  * Last Name:  Egan-Williams				
9. Authorized Representative refix: First Name: Is. Cara Position/Title: Sponsored Projects Capartment: Office of Research Street1: University of California	Middle Name:  Officer * Organization:  Division:  Street2:	Last Name:  Egan-Williams  The Regents of the University of California				
9. Authorized Representative Prefix: First Name:  Ms. Cara  Position/Title: Sponsored Projects Copartment: Office of Research Street1: University of California City: Santa Barbara	Middle Name:  Officer Organization:  Division:	Lest Name:  Egan-Williams  The Regents of the University of California  Sponsored Projects	Suffix:			
9. Authorized Representative Prefix: First Name: Ms.   Cara   Position/Title:   Sponsored Projects Copartment:   Office of Research   Street1:   University of California City:   Santa Barbara   Country:   USA	Middle Name:  Officer * Organization:  Division:  Street2:  County:	Last Name:  Egan-Williams  The Regents of the University of California  Sponsored Projects  State: CA	Suffix:			
9. Authorized Representative Prefix: First Name:  Ms. Cara  Position/Title: Sponsored Projects Copartment: Office of Research Street1: University of California City: Santa Barbara	Middle Name:  Officer * Organization:  Division:  Street2:	Last Name:  Egan-Williams  The Regents of the University of California  Sponsored Projects  State: CA  - Email: eganwilliams	\$uffix:			
9. Authorized Representative Prefix: First Name:  Ms. Cara  Position/Title: Sponsored Projects Coppartment: Office of Research Street1: University of California City: Santa Barbara  Country: USA  Phone Number: 605-893-8809	Middle Name:  Officer * Organization:  Division:  Street2:  County:  Fax Number: 605-893	Last Name:  Egan-Williams  The Regents of the University of California  Sponsored Projects  State: CA	Suffix:    ZIP Code: 93106-2050			

OMB Number: 4040-0001

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED		A sant Identifier				
	3. DATE RECEIVED BY STATE			, , , , , , , , , , , , , , , , , , ,			
SF 424 (R&R)			State Application Identifier				
1. TYPE OF SUBMISSION	4. Federal Id	entifler			ابيون ، به به ومستند		
Pre-epplication Application Changed/Corrected Application	·						
5. APPLICANT INFORMATION *Organizational DUNS: 094978394							
* Legal Name: The Regents of the University of California							
Department: Chemical Engineering	Division: C	ollege of Engineering					
" Street1: Engineering II	Street2:		-1				
* City: Santa Barbara Cou	inty: Santa Bart	para	•	State: CA - ZIP	Code: 93106-5060		
· Country: USA							
Person to be contacted on matters involving this application							
Prefix: *First Name;	Middle Name:		Last	Name:	Suffix:		
Dr Gary	L		Lesi				
* Phone Number: 805-893-6510 Fax Number: 605-693-5458 Email: [gl2D@engineering.ucsb.edu							
5. 'EMPLOYER IDENTIFICATION (EIN) or (TIN):	7. * TYPE OF APPLICANT:						
956006145		F: State	e-Contro	lled Institution of Higher Ed	ucation		
8. TYPE OF APPLICATION: V New	<u> </u>	Other (Specify):					
: Resubmission Renewal Continuation F	Revision	Women Owned	Small É	Business Organization Type  Socially and Econ	omically Disadvantaged		
If Revision, mark appropriate box(es).	9. * NAME OF FEDERAL AGENCY:						
! A. Increase Award [ B. Decrease Award [ C. Inc	Chicago Service Center						
D. Decrease Duration E. Other (specify)	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:						
is this application being submitted to other agencies?	81.049						
What other Agencies?	TITLE: Office of Science	ce Fi⊓an	clal Assistance Program	DEOF			
11. T DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:							
First-Principal Physics of Foams and Emulsions through Advanced Computing  MAR - 6 200							
12. * AREAS AFFECTED BY PROJECT (cities, countles, states, etc.)							
Santa Berbara, California	, ,				STATE CLEARING HO		
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRIC	TS OF:	And the second s		
* Start Date * Ending Date	¬	e. * Applicant		b. * Project			
07/01/2006 06/30/2011		23		23			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: *First Name:							
Prefix: First Name:	Middle Name:	·.,	Last N	ame:	Suffix:		
Position/Title: Professor	* Organizatio			rossibu of Colifornia			
The regents of the billy of California							
Street1: Engineering II Street2;							
City: Santa Barbara County: Santa Barbara State: CA ZIP Code: 93106-5080							
* Country: USA							
* Phone Number: 605-893-8510 Fax	Number: 805-	B93-5458	• Em	all: Igl20@engineering.uc	sb.edu		

OMB Number: 4040-0001 Expiration Date: 04/30/2008 SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

· · · · · · · · · · · · · · · · · · ·					
16. ESTIMATED PROJECT FUNDING		17.	. * IS APPLICATION ORDER 12372 PRO	SUBJECT TO REVIEW B	Y STATE EXECUTIVE
a. `Total Estimated Project Funding	452,976.00	a, `		APPLICATION/APPLICATI E TO THE STATE EXECU	
ь. ' Total Federal & Non-Federal Funds	452,976.00			FOR REVIEW ON:	IIVE ORDER 12312
c, * Estimated Program Income	0.00		ATE: 03/06/2006	(1.1884)	
	L ,		NO PROGRAM	MIS NOT COVERED BY E	.O. 12372; OR
			PROGRAM	M HAS NOT BEEN SELEC	TED BY STATE FOR
resulting terms If I accept an award criminal, clvII, or administrative   I agree The list of certifications and assurances,  19. Authorized Representativo  (Prefix: First Name:	penalties. (U.S. Code, T	Fitle 18, Socti	tion 1001)		
Ms. Cora				Diaz	
Position/Title: Sponsored Projects On	fficer or	rganization:	The Regents of the	University of California	
Department: Office of Research	DIVI	ision:	William William P. Land School Co.		
Street1: 3227 Cheadle	Stre	eet2:			
* City: Santa Barbara	County; Sa	anta Barbara		^ State: CA	* ZIP Code: 93105-2050
Country: USA			\$ (rest)	tunes t management	
* Phane Number: 805-893-4035	Fax Numbe	er: 805-893-2	2611	• Emall: diaz@resea	arch.ucsb.edu
* Signature of Author	ized Representative			* Date Signed	
Completed submis	sion to Grants.gov			ompleted on submission to	
				3/6/05	
20. Pre-application		, 4-18 - 14 - 1	Ä	dd Attachment	A:

UCSB OFC OF RESEARCH

OMB Number: 4040-0001

Country:

* Phone Number: 510-642-8900

Fax Number: .510-642-3962

OMB Number: 4040-0001

Expiration Date: 04/30/2008

* Email: yelick@cs.berkeley.edu

CATION FOR FEDERAL	. ASSISTANCE		Page 2
	a. YES	PPLICATION SUBJECT TO REVIER 12372 PROCESS?  THIS PREAPPLICATION/APPL AVAILABLE TO THE STATE EXPROCESS FOR REVIEW ON:  03/06/2006  PROGRAM IS NOT COVERED	EW BY STATE EXECUTIVE  LICATION WAS MADE  KECUTIVE ORDER 12372  D BY E.O. 12372; OR
		PROGRAM HAS NOT BEEN S REVIEW	ELECTED BY STATE FOR
ard. I am aware that any fi penalties. (U.S. Code, Titi	alse, fictitious, o le 18, Section 10	or fraudulent statements or clai 001)	ims may subject me to
Middle Na	ime:	* Last Name:	Suffix:
		Yelick	
* Org	anization: Unive	rsity of California, Berkeley	*** *** *** *** *** *** *** *** *** **
Divisi	on: Com	outer Science	
Stree	12:		
County: Alan	neda	* State: [C	ZA *ZIP Code: 94720-1776
Fex Number:	510-642-3962	* Email: yelic	k@eecs.berkeley.edu
rived Penyagantative	<u> </u>	* Date \$	Signed 3-6-05
rized Representative dission to Grants.gov	reffer	Completed on submis	
t t 7 1	2,116,480.00  0.00  0.00  tify (1) to the statements of the best of my knowledge yard. I am aware that any fapenalties. (U.S. Code, Tithes, or an internet site where you make the control of the control	2.116,480.00  0.00  DATE: 0  D. NO  tify (1) to the statements contained in the the best of my knowledge. I also provide vard. I am aware that any false, fictitious, penalties. (U.S. Code, Title 18, Section 10, penalties.)  Middle Name:  Organization: University of the companion of the companio	ORDER 12372 PROCESS?  a. YES  THIS PREAPPLICATION/APPL AVAILABLE TO THE STATE ED PROCESS FOR REVIEW ON:  DATE: 03/06/2006  b. NO  PROGRAM IS NOT COVERED PROGRAM HAS NOT BEEN S REVIEW  tify (1) to the statements contained in the list of certifications* and (2) that the best of my knowledge. I also provide the required assurances * and ard. I am aware that any false, fictitious, or fraudulent statements or clair penalties. (U.S. Code, Title 10, Section 1001)  Middle Name:  Last Name:    Velick

OMB Number: 4040-0001

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED	,		plicant ide	ntifler	
SF 424 (R&R)	3. DATE REC	EIVED BY	STATE	St	ate Applica	tion identifier	
1. TYPE OF SUBMISSION	4 Fodoniis		10.300			1 492	
Pre-application	4. Federal Id	entitier					
5. APPLICANT INFORMATION			• Organizat	ional DUNS:	09487839	4	
* Legal Name: The Regents of the University of Califor	nia						
Department: Office of Research	Division: S	ponsored	Projects			,	
Streat1: University of California	Stree12:						
Clty: Santa Ваграга Соц	inty:			• Sta	te: CA	* ZIP Code: 93106	
* Country: USA							
Person to be contacted on matters involving this applica							
Prefix: * First Name:	Middle Name:			* Last Nam		Suffix:	_
				Egan-Willia	j		
* Phone Number: 805 893-8809 Fi	ax Number: 80	5 893-261		Email:	eganwilla	ms@research.ucsb.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. <b>* T</b> YP	E OF APPLICA				,
95-6006145W			F: Sta	le-Controlled	o nottutitent	f Higher Education	
8.* TYPE OF APPLICATION:   New		Other (Spo	eclfy):	6-alt 5-4a:	waaa Ozal-	antina Tura	
Resubmission Renewel Continuation	Revision	maW 🗐	en Owned	Small Busi	noss Organiz Sociali	y and Economically Disadvanta	beg≲
If Revision, mark appropriate box(es).		9. * NAN	IE OF FEDERA	L AGENCY:			
回 A. Increase Award	rease Duration	Chicago	Service Center				
回 D, Decrease Duration 同 E. Other (specify)		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:					
1 Is this application being submitted to other agencies?	Yes∏ No.		81.049				
What other Agencies?		TITLE: Office of Science Financial Assistance Program					
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC							
Scalable Monte Carlo Particle Transport for Astrophysics	Application	willians.				HECEIVE	
12. * AREAS AFFECTED BY PROJECT (cities, countle	s, slal <del>e</del> s, etc.)			7		MAR - 6 2006	
13. PROPOSED PROJECT:		14. CON	GRESSIONAL	DISTRICTS	OF:	STATE CLEARING HOL	105
* Start Date Ending Date	. 4	a. * Appl	icant		b. ` Prd	leot	19E
10/01/2006 09/30/2009		23rd		***************************************	23rd		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:		ORMATIC	N				
Dr. Omer	Middle Name:			* Last Nam Blaes	<u>6:</u>	Suffix;	7
Position/Title: Research Professor	* Organizatio	on Name:	The Regents of	J	ity of Califor		_    
Department: Physics	Division:		Letters & Scie				_
* Street1: University of California	Street2:					<u> </u>	
* City: Sania Barbara Cou	nty:		1.	* Sta	le: CA	 ZIP Code; 93106	7
· Country: USA	1,			··································	l		ال.
' Phone Number: 805 893-7239 Fa.	x Number: 805	893-3307	100.00	* Email:	blses@ph	ysics.ucsb.edu	

* Signature of Authorized Representative,

Completed on submission to Grants.gov

20. Pre-application

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE Page 2 16. ESTIMATED PROJECT FUNDING 17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES (7) THIS PREAPPLICATION/APPLICATION WAS MADE a. * Total Estimated Project Funding 158, 144.00 AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: b. " Total Federal & Non-Federal Funds 158,144.00 DATE: 03/06/2006 c. * Estimated Program Income 0.00 b. NO | PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ I agree * The list of cortifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Prefix: * First Name: Middle Name: * Last Name: Suffix: Ms. Cara Egan-Williams Position/Title: |Sponsored Projects Officer * Organization: The Regents of the University of California Départment: Office of Research Division: Sponsored Projects " Street1: University of California Street2: Senta Barbara * Cltv: County: State: CA ZIP Code: |93106 Country: USA ^ Phone Number: |805 893-8809 Fax Number: |805 893-2811 Emall: eganwilliams@research.ucsb.edu

eng Evan D'ullains

OMB Number: 4040-0001

Master Jolf deamnager fr

3/6/06

Expiration Date: 04/30/2008

* Date Signed

Completed on submission to Grants.gov

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APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED	Aptnt Identif	ler
SF 424 (R&R)	3. DATE RECI	EIVED BY STATE	State Application	ı Identifier
1. * TYPE OF SUBMISSION			<u>                                     </u>	
Pre-application	4. Federal Ide	entifler		
5. APPLICANT INFORMATION		* Organizati	onal DUNS: 07264170700	100
Legal Name: Carnegie Institution of Washington				
Department: Plant Biology	Division:			
* Street1: 1530 P Street, NW	Street2:			
* City: Washington Co	unty:		* State: DC	ZIP Code:  20005
* Country: USA		AND		
Person to be contacted on matters involving this applies				
Preflx: First Name:   Mr.   Jefferey	Middle Name;		Last Name:   Lightfield	Suffix:
* Phone Number: 202-939-1129 F	ax Number: 20:	2-387-6092	Email:  jlightfield@civ	y. 6du
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICA	NT:	
53-0196523		J: Nonprofit with 501	C3 IRS status (other than In	stitution of Higher Education)
8. * TYPE OF APPLICATION:   New		Other (Specify):		
Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organization	on Type  nd Economically Disadvantaged
If Revision, mark appropriate box(es).		9. NAME OF FEDERA	L AGENCY:	
A. Increase Award 🔲 B. Decroase Award 📋 C. In	crease Duration	Chicago Service Center		
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDI	ERAL DOMESTIC ASSISTA	NCE NUMBER:
" Is this application being submitted to other agencies?	Yes No	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		
What other Agencies?			ce Financial Assistance Pro	gram
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	 T:	L		
Filling Knowledge Gaps in Biological Networks: Integral	ed Global Approa	eches to Understand H2 M	letabolism in Chlamydomon	as reinhardtli
12. * AREAS AFFECTED BY PROJECT (cities, counties)	as, states, etc.)			RECEIVED
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRICTS OF	MAR - 6 2006
Start Date Ending Date		a. * Applicant	b. * Projec	(
10/01/2006 09/30/2011		DC-at large	14lh	STATE CLEARING HOUS
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO	R CONTACT INF	ORMATION		WEIGHT BERTHAM THE PROPERTY OF THE WAY TO SEE A STORY OF THE PROPERTY OF THE P
Prefix; First Name:	Middle Name:		* Last Name:	Suffix:
Dr. Arthur	<u> </u>		Grossman	
Position/Title: Staff Scientist	* Organizatio	on Name:  Carnegie Instit	ulon of Washington	7
Department: Plant Blology	Division;			
* Street1: 260 Panama Street	Street2:			
'	nuty:		* State: CA	* ZIP Code:  94305
Country: USA				
* Phone Number: 650-325-1521 x 212	ax Number: 650	-325-6857	• Email: arthurg@stan	ford.edu

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE 17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE 16. ESTIMATED PROJECT FUNDING ORDER 12372 PROCESS? a. YEŞ 💆 THIŞ PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 999,438.00 a. * Total Estimated Project Funding PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds 999,438.00 DATE: 07/14/1982 c. * Estimated Program Income 0.00 PROGRAM IS NOT COVERED BY E.O. 12372; OR | PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18.By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * lagree The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions. 19. Authorized Representative Suffix: Prefix: * First Name: Middle Name: · Last Name: Gary Kowalczyk ■ Position/Title; Director * Organization: Carnegie Instituion of Washington Department: Administration & Finance Division: * Street1: 1530 P Street, NW Street2: ZIP Code: 20005 DC * City: Washington County: • State: USA * Country: * Phone Number: 202-939-1118 Fax Number: 202-367-8092 gkowalczyk@ciw.edu * Date Signed * Signature of Authorized Representative Completed on submission to Grants.gov Completed on submission to Grants.gov 20. Pre-application Add Atlachment

OMB Number: 4040-0001

	2. DATE SUBN	MITTED	Applicant Identif	fler
APPLICATION FOR FEDERAL ASSISTANCE	03/06/2006			
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application	n Identifior
1. TYPE OF SUBMISSION	4. Federal Ide	ntifier		· ·
Pre-application				
5. APPLICANT INFORMATION		* Organizat	ional DUNS: 02073878700	000
* Legal Name: Doheny Eye Institute				
Department:	Division:			
* Street1: 1450 San Pable Street	Straet2:		Plant and the state of the stat	
* City: Las Angeles Col	unty:		^ State: GA	* ZIP Code: 90033
Country: USA				
Person to be contacted on matters involving this applica	ition			
Prefix: First Name:	Middle Name:		Last Name:	Suffix:
Linda			Little	
* Phone Number: (323) 442-6600	ax Number: (32	3) 442-6688	Email:  llittle@dohen	y.org
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN);		7. * TYPE OF APPLIC	ANT:	
951855653		J: Nonprofit with 50	1C3 IRS status (other than I	nstitution of Higher Education)
8.* TYPE OF APPLICATION: V New	-	Other (Specify):		
Resubmission Renewal Continuation	Ravision	Women Owned	Small Business Organizat	non Type and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDER	AL AGENCY:	
☐ A. Increase Award ☐ B. Decrease Award ☐ C. In	crease Duralion	:Chicago Service Center		
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEI	DERAL DOMESTIC ASSIST.	ANCE NUMBER:
Is this application being submitted to other agencies?	Yes No	81.049		
What other Agencies?		TITLE: Office of Science Financial Assistance Program		
11. " DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:			THE RESIDENCE AND ADDRESS OF THE PROPERTY OF T
Center for Advanced Neural Simulation: Retinal Implan	tation Physiology			RECEIVED
12. * AREAS AFFECTED BY PROJECT (cities, count.	es, states, etc.)			MAR - 6 2006
13. PROPOSED PROJECT:		14. CONGRESSIONA	L DISTRICTS OF:	STATE OF EARTH
" Stárt Date " Ending Date	_	a. * Applicant	b. * Proje	STATE CLEARING HOUS
07/01/2006 06/30/2011		34	34	The state of the s
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Profix: First Name:		FORMATION	* I ppt Name:	Suffix:
James	Middle Name;	-	* Last Name: Weiland	Gulix.
Position/Title: Assistant Professor	* Organizatio	on Name: Doheny Eye	Institute	1
Department: Ophthal and Biomed Eng	Division:	1		
Street1: 1450 San Pablo Street, DVRC 116	Street2:			
City: Los Angeles Co	ounty:	1	* State: CA	* ZIP Code: 90033
Country: USA			L	1 ,1
* Phone Number: (323) 442-6670 F	ax Number; (32)	3) 442-6755	Email: jwelland@d	oheny.org
(	l.			

OMB Number: 4040-0001 Expiration Date: 04/30/2008

SF 424 (R&R) APPL					
16. ESTIMATED PROJECT FUNDING	17	17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
1. * Total Estimated Project Funding	931,682.00 a.	YES [7] THIS PREAPPLICATION/APPLICATE AVAILABLE TO THE STATE EXECU			
o. Total Federal & Nan-Federal Funds	931,682.00	PROCESS FOR REVIEW ON:			
c. * Estimated Program Income	931,682.00	DATE:  03/06/2006			
	b.	NO PROGRAM IS NOT COVERED BY E	.O, 12372; OR		
		PROGRAM HAS NOT BEEN SELFC	TED BY STATE FOR		
resulting terms if I accept an aw criminal, civil, or administrative	penaltios. (U.S. Code, Title 16, Soc	tion 1001)			
The list of certifications and ensurances  19. Authorized Representative	penaltios. (U.S. Code, Title 16, Soc	tion 1001) his list, Is contained in the announcement or agency spe			
The list of certifications and essurances  19. Authorized Representativo Profix: *First Name:	penaltios. (U.S. Code, Title 16, Soc	nis list, Is contained in the announcement or agency spe Last Name:			
The list of certifications and essurances  19. Authorized Representativo  Profix: First Name:  Linda	penalties. (U.S. Code, Title 16, Sec , or an Internet site where you may obtain th Middle Name:	ris list, is contained in the announcement or agency spe  * Last Name:  Little	Offic Instructions.		
The flat of certifications and essurances  19. Authorized Representativo Prefix: First Name:  Linda  Position/Title: Director Ruseerch Adi	penalties. (U.S. Code, Title 16, Sec., or an Internet site where you may obtain the Middle Name:	nis list, Is contained in the announcement or agency spe Last Name:	Offic Matructions.		
The list of certifications and essurances  19. Authorized Representativo  Profix: First Name:  Linda  Position/Title: Director Research Adi  Dapartment:	penalties. (U.S. Code, Title 16, Sec., or an Internet alto where you may obtain the Middle Name:    Middle Name:   Organization:   Division:	ris list, is contained in the announcement or agency spe  * Last Name:  Little	Offic Instructions.		
The list of certifications and essurances  19. Authorized Representativo  Profix: First Name:  Linda  Position/Title: Director Ruseerch Adi  Dopartment:  1450 San Pablo Stree	penalties. (U.S. Code, Title 16, Sec., or an Internet alto where you may obtain the Middle Name:    Middle Name:   Organization:   Division:	ris list, is contained in the announcement or agency spe  * Last Name:  Little	Offic Instructions.		
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The list of certifications and essurances  19. Authorized Representativo  Prefix: First Name:  Linda  Position/Title: Director Research Adi  Dapartment:  Street1: 1450 San Pablo Stree  City: Los Angeles	Middle Name:    Division:   Division:   Street2:	Last Name:    Doheny Eye Institute	Suffix:		
The flat of conflications and essurances  19. Authorized Representativo  Profix: First Name:  Linda  Position/Title: Director Research Add  Dapartment:  Street1: 1450 San Pablo Stree  * City: Los Angeles	Middle Name:    Division:   Division:   Street2:	Last Name:    Little   Doheny Eye Institute   * State: CA	Suffix: Suffix:  * ZIP Code: 90033		
The flat of certifications and essurances  19. Authorized Representativo  Profix: First Name:  Linda  Position/Title: Director Ruseerch Adi  Dopartment:  Street1: 1450 San Pablo Stree  City: Los Angeles  Country: USA	Middle Name:  Ministration  Organization:  Division:  t. DVRC-312  Street2:  County:  Fax Number: (323) 44	Last Name:    Last Name:   Little   Doheny Eye Institute   State:   CA	Suffix: Suffix:  * ZIP Cade: 90033		

OMB Number: 4040-0001 Expiration Date: 04/30/2008

MAR. 6.2006_ 9:54AMUCSD (	Contract &	Grant Admin	NO. 3054P. 2	
	2. DATE SUBN	IITTED	Applie	
APPLICATION FOR FEDERAL ASSISTANCE	03/06/2006		ting time	
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application Identifier	
1. TYPE OF SUBMISSION	4. Federal Ide	ntifler	Late Name	
Pre-application Application Changed/Corrected Application	4.100014.145			
5. APPLICANT INFORMATION		Organizational	I DUNS: 8043557900000	
*Legal Name: The Regents of the University of Californ	nie; University of	California, San Diego		
Department: Office of Contract & Grants	Division:			
* Street1: 9500 Gilman Drive, MC-0934	Street2:			
* City: La Jolla Co	unty: San Diego	RECEIVED	* State: CA * ZIP Code: 92093	
* Country: USA	\ "	MAR - 6 2006		
Person to be contacted on matters involving this applic	ation	• •		
Prefix: * First Name:	Middle Name:	TATE CLEARING HOUS	dst Name: Suffix:	
Judith		AL OLL	heaton	
* Phone Number: (858) 534-8832	ax Number: (85	8) 534-0280	Email: jwheaton@ucsd.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICANT	:	
956006144		F: State-C	ontrolled Institution of Higher Education	
8, * TYPE OF APPLICATION: New		Olher (Specify):		
Resubmission Renewal Continuation	Revision	Si  Women Owned	mali Business Organization Type  Socially and Economically Disadventaged	
If Revision, mark appropriets box(es).		9. " NAME OF FEDERAL A	GENCY:	
🗐 A. Increase Award 📵 В. Decrease Award 📵 С. Ir	ncrease Duration	Chicago Service Center		
D. Decrease Duration		10. CATALOG OF FEDERA	AL DOMESTIC ASSISTANCE NUMBER:	
* is this application being submitted to other agencies?	Yes No	81.049		
What other Agencies?		TITLE: Office of Science Financial Assistance Program		
11, * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:			
Petascale Supernova Initiative (PSI)				
12. * AREAS AFFECTED BY PROJECT (citles, count	les, states, etc.)			
		L	ATRIATA AV	
13. PROPOSED PROJECT: Start Date Start Date		14. CONGRESSIONAL DIS	STRICTS OF: b. * Project	
07/01/2008 06/30/2011		53	53	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:	OR CONTACT INI Middle Name:		Laal Name; Suffix:	
Dr. George			uller	
Position/Title: Professor	* Organizati	ion Name: The Regents of the	he University of California; University of California, San	
Department: Astrophysics and Space Sci	Division:			
Street1: 9500 Gilman Drive, MC-0424	Street2:			
* City: La Jolia C	ounty: San Diego	)	* State: CA * ZIP Code: 82093	
* Country: USA		-		
* Phone Number: (858) 534-6329	Fax Number: (85	8) 534-0177	* Email: gfuller@ucsd.edu	
			VV - 24-7	

6. ESTIMATED PROJECT FUNDING			IS APPLICATION SUBJECT TO REVIEW BY	STATE EXECUTIVE
* Total Estimated Project Funding  * Total Federal & Non-Federal Funds  * Estimated Program Income	1,690,002.00 1,690,002.00 0.00	a. Y	THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE PROCESS FOR REVIEW ON:  TE: 03/06/2006	VE ORDER 12372   
here complete and accurate to f	he best of my knowle ard. I am aware that	edge. I also pro any false, fictit	n the list of certifications* and (2) that the sta vide the required assurances * and agree to lous, or fraudulent statements or claims ma tion 1001)	comply with any
✓ "I agree "The list of certifications and assurances  9. Authorized Representative		you may obtain this	ilist, is contained in the announcement or agency specif	ile instructions. Suffix:
✓ • I agree • The ilst of certifications and assurances				
"The list of certifications and assurances  9. Authorized Representative  Prefix: First Name:	Midd	you may obtain this	ilist, is contained in the announcement or agency specif	Sufflx:
"The list of certifications and assurances  9. Authorized Representative Prefix: "First Name:  Judith  Position/Title: Contract & Grant Office	Midd	you may obtain this	a list, is contained in the announcement or agency specified.  • Lest Name:  Wheaton	Suffix:
"The list of certifications and assurances  19. Authorized Representative  Prefix: "First Name:  Judith  Position/Title: Contract & Grant Office Contracts & G	Midd Cer rants	you may obtain this dle Name:  * Organization: Division:	a list, is contained in the announcement or agency specified.  • Lest Name:  Wheaton	Sufflx:
"The list of certifications and assurances  9. Authorized Representative Prefix: "First Name:  Judith  Position/Title: Contract & Grant Office	Midd	you may obtain this die Name: * Organization:	a list, is contained in the announcement or agency specified.  • Lest Name:  Wheaton	Sufflx:
"The list of certifications and assurances  9. Authorized Representative Prefix: "First Name:  Judith  Position/Title: Contract & Grant Offic Department: Ofc of Contracts & G	Midd	you may obtain this dle Name:  * Organization: Division: Street2:	* Lest Name:  Wheaton  The Regents of the University of California; University	Suffix: Versity of California, San Diegr
* The list of certifications and assurances  9. Authorized Representative  Prefix: * First Name:  Judith  Position/Title: Contract & Grant Office  Department: Ofc of Contracts & G  Street1: 9500 Gilman Drive, M  City: La Jolia	C-0934 County:	you may obtain this dle Name:  * Organization: Division: Street2:	* Lest Name:  Wheaton  The Regents of the University of California; University of California	Suffix:  versity of California, San Diego * ZIP Code: 92093





STATE CLEARING HOUSE

**U.S. Department of Transportation** 

**Federal Transit Administration** 

# **Application for Federal Assistance**

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-03-0739
Budget Number:	1 - Budget Pending Approval
Project Information:	TONP-Claremont

# Part 1: Recipient Information

Project Number:	CA-03-0739	
Recipient ID:	5551	
Recipient Name:	FOOTHILL TRANSIT	
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1	600
Telephone:	(626) 967-2274	DECEME
Facsimile:	(626) 915-1143	RECEIVED
		MAR - 6 2006

## **Union Information**

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Contact Name: Telephone:	James La Sala (202) 537-1645
Telephone:	(202) 537-1645
Telephone: Facsimile:	(202) 537-1645 (202) 244-7824

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis

Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755
E-mail:	BUS@UTU.ORG
Website:	

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110
E-mail:	FEEDBACK@TEAMSTERS.ORG
Website:	

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	Guerrieri, Edmond & Clayman
Address 2:	1625 Massachusetts Avenue, N.W
City:	Washington D.C., 20036 2243
Contact Name:	Carmen Parcelli, Esq.
Telephone:	(202) 624-7400
Facsimile:	(202) 624-7420
E-mail:	cparcelli@geclaw.com
Website:	

# **Part 2: Project Information**

Project Type:	Grant	Gross Project	\$3,125,000	
Project Number:	CA-03-0739	Cost:		
Project Description:	TONP-Claremont	Adjustment Amt:	\$0	
Recipient Type:	City	Total Eligible Cost:	\$3,125,000	
rtodipiont Typo.	John Ottomanelli	Total FTA Amt:	\$2,500,000	
FTA Project Mgr:	213202.3957	Total State Amt:	\$0	
Recipient Contact:	Gil Victorio 626.967.2274 x	Total Local Amt:	\$625,000	
rteoipient contact.	234	Other Federal	\$0	
New/Amendment:	None Specified	Amt:	20	
Amend Reason:	Initial Application	Special Cond Amt:	\$0	
Fed Dom Asst. #:	20500	Special Condition:	None Specified	
Sec. of Statute:	5309	S.C. Tgt. Date:	None Specified	
			l l	

View Print Page 3 of 8

State Appl. ID:	None Specified
Start/End Date:	••
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO
Program Date (STIP/UPWP/FTA Prm Plan) :	Jun. 30, 2005
Program Page:	None Specified
Application Type:	Electronic
Supp. Agreement?:	No
Debt. Delinq. Details:	

S.C. Eff. Date:	None Specified
Est. Oblig Date:	None Specified
Pre-Award Authority?:	Yes
 Fed. Debt Authority?:	No
Final Budget?:	No

#### **Urbanized Areas**

UZA ID	UZA Name
60000	CALIFORNIA
60020	LOS ANGELESLONG BEACHSANTA ANA, CA

## **Congressional Districts**

State ID	District Code	District Official
6	26	David Dreier
6	29	Adam B Schiff
6	32	Hilda L Solis
6	38	Grace F Napolitano
6	42	Gary G Miller

#### **Project Details**

#### SERVICE DESCRIPTION:

Foothill Transit provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 38 lines throughout the 21 cities in the Los Angeles County. The cities are Arcadia, Azusa, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina.

Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to ATC/Forsythe and Associates. Operations and maintenance are contracted to First Transit, Inc. The contractors' names, addresses, phone and fax numbers are as follows:

ATC/Forsythe & Associates One Mid America Plaza, Suite 401 Oakbrook Terrace, IL 60181 View Print Page 4 of 8

Tel. (630) 571-7070 Fax (630) 571-6454

First Transit, Inc. 705 Central Avenue Suite 500 Cincinatti, OH 45202 Tel. (513) 241-2200 Fax (513) 381-0149

This grant application will finance capital project to construct 477-space parking facility with 200 spaces reserved for transit patrons in Claremont Village Center by the City of Claremont partnering with Foothill Transit (recipient) with total project of \$3,125,000 including Sec. 5309 \$2,500,000 and Local matching funds of \$625,000. City of Claremont will be the sub-recipient of the total proceeds Sec. 5309 funds.

If you have any questions regarding this grant application, please contact Gil Victorio at telephone number (626) 967-2274 ext. 234 or email at gvictorio@foothilltransit.org.

## Part 3: Budget

### **Project Budget**

rojot Daagot			
	<u>Quantity</u>	FTA Amount	Tot. Elig. Cost
SCOPE			
111-00 BUS - ROLLING STOCK	1	\$2,500,000.00	\$3,125,000.00
ACTIVITY		1000	
11.33.04 CONSTRUCT - BUS PARK&RIDE LOT- TIP# LA0B311	1	\$2,500,000.00	\$3,125,000.00
	Estimated	l Total Eligible Cost:	\$3,125,000.00
		Federal Share:	\$2,500,000.00
		Local Share:	\$625,000.00

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

### **Extended Budget Descriptions**

111-00 BUS - ROLLING STOCK	1	\$2,500,000.00	\$3,125,000.00
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SF 424 (R&R)  1.*TYPE OF SUBMISSION  Pre-application					
1. * TYPE OF SUBMISSION  Pre-application Application Changed/Corrected Application Changed/Corrected Application  5. APPLICANT INFORMATION  * Organizational DUNS: 0948783940000  * Legal Name: The Regents of the University of California  Department: Office of Research Street1: University of California  * City: Santa Barbara  County: Santa Barbara  County: USA  Person to be contacted on matters involving this application					
* Legal Name: The Regents of the University of California  Department: Office of Research Division: Sponsored Projects  * Street1: University of California Street2:					
Department: Office of Research Division: Sponsored Projects  * Street1: University of California Street2:   * City: Santa Barbara County: * State: CA * ZIP Code: 90106-2050  * Country: USA  Person to be contacted on matters involving this application					
* Street1: University of California Street2:  * City: Santa Barbara County: * State: CA * ZIP Code: 90106-2050  * Country: USA  Person to be contacted on matters involving this application					
* City: Santa Barbara County: * State: CA * ZIP Code: 90106-2050  * Country: USA  Person to be contacted on matters involving this application					
* Country: USA  Person to be contacted on matters involving this application					
Person to be contacted on matters involving this application	- 1				
Prefix: * First Name: Middle Name: * Last Name: Suffix:  Ms Fiva Martinez • Martinez •	7				
	]				
* Phone Number: 805-893-7360 Fax Number: 805-893-2611 Email: martinez@research.ucsb.edu					
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 7. * TYPE OF APPLICANT:	7. * TYPE OF APPLICANT:				
95-6006145W F: State-Controlled Institution of Higher Education	F: State-Controlled Institution of Higher Education				
8. * TYPE OF APPLICATION: New Other (Specify):					
Small Business Organization Type  ☐ Resubmission ☑ Renewal ☐ Continuation ☐ Revision ☐ Women Owned ☐ Socially and Economically Disadvanta					
If Revision, mark appropriate box(es).  9. * NAME OF FEDERAL AGENCY:					
If Revision, mark appropriate box(es).  A. Increase Award B. Decrease Award C. Increase Duration  9. * NAME OF FEDERAL AGENCY:  Chicago Service Center  MAR 6. 2000	)				
1771 D. Decrease Duration 1771 E. Other (Specify).					
* Is this application being submitted to other agencies? Yes No What other Agencies?  * Is this application being submitted to other agencies? Yes No What other Agencies?  * In this application being submitted to other agencies? Yes No What other Agencies?  * In this application being submitted to other agencies? Yes No What other Agencies?					
What other Agencies?  TITLE: Office of Science Financial Assistance Program	<u> </u>				
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	1				
National Computational Infrastructure for Lattice Gauge Theory					
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  Federal Government					
13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF:					
* Start Date	7				
07/01/2006 06/30/2011 23rd 23rd	J				
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION					
* Loot Name:					
Prefix: * First Name: Middle Name: * Last Name: Suffix:    Robert   Louis   Sugar	]				
Robert Louis Sugar					
Robert   Louis   Sugar   Position/Title: Research Professor   * Organization Name: The Regents of the University of California	]				
Robert Louis Sugar  Position/Title: Research Professor * Organization Name: The Regents of the University of California  Department: Physics Division: Letters & Science/MLPS					
Robert Louis Sugar  Position/Title: Research Professor * Organization Name: The Regents of the University of California  Department: Physics Division: Letters & Science/MLPS  * Street1: University of California Street2:					
Robert Louis Sugar  Position/Title: Research Professor * Organization Name: The Regents of the University of California  Department: Physics Division: Letters & Science/MLPS  * Street1: University of California Street2:					

Fax Number: |805-893-2611

* Phone Number: |805-893-8809

20. Pre-application

* Signature of Authorized Representative Completed on submission to Grants.gov

OMB Number: 4040-0001

Expiration Date: 04/30/2008

eganwilliams@research.ucsb.edu

* Fmail:

Add Attachment

* Date Signed

Completed on submission to Grants.gov

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBI	MITTED		Ar ant Identific	er	
SF 424 (R&R)	3. DATE RECEIVED BY STATE		STATE	State Application Identifier		
1. * TYPE OF SUBMISSION						
Pre-application Application 4. Federal Ide						
Changed/Corrected Application						
5. APPLICANT INFORMATION			* Organization	nal DUNS: 094878391000	00	
* Legal Name: The Regents of the University of Californ	nia					
Department: Office of Research	Division: S	ponsored I	Projects			
* Street1: University of California	Street2:					
* City: Santa Barbara Cou	nty:			* State: CA	* ZIP Code: 93106	
* Country: USA						
Person to be contacted on matters involving this applicat						
Prefix: * First Name:	Middle Name:			Last Name:  Martinez	Suffix:	
Elva	N 1 [00/	- 000 0011				
* Phone Number: 805 893-7360 Fa	ax Number: 805	5 893-2611 •		Email: martinez@reso	earch.ucsb.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICANT:				
95-6006145W			F: State-Controlled Institution of Higher Education			
8. * TYPE OF APPLICATION: V New		Other (Spe	Other (Specify): Small Business Organization Type			
Resubmission Renewal Continuation F	Revision	◯ Wom	en Owned	<del>-</del>	d Economically Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAM	E OF FEDERAL	AGENCY:		
A. Increase Award B. Decrease Award C. Increase Duration			Service Center			
D. Decrease Duration E. Other (specify)			ALOG OF FEDER	RAL DOMESTIC ASSISTA	NCE NUMBER:	
* Is this application being submitted to other agencies?	Yes No√		81.049			
What other Agencies?		TITLE:	Office of Science	Financial Assistance Prog	gram D P 11 / pour par	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	T:				LILVEIVED	
Scalable Monte Carlo Particle Transport for Astrophysic	al Application				MAR - 6 2006	
12. * AREAS AFFECTED BY PROJECT (cities, counties	s, states, etc.)				1	
Federal Government					STATE CLEARING HOUSE	
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			Commence of the control of the contr	
* Start Date			a. * Applicant b. * Project 23rd			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	CONTACT INF	ORMATIO	N			
Prefix: * First Name:	Middle Name:	OMMATIO		Last Name:	Suffix:	
Dr. Omer				Blaes	PhD	
Position/Title: Research Professor	* Organization	on Name:		the University of California		
Department: Physics	Division:		Letters & Science	ce/MLPS		
* Street1: University of California Street2:						
	ınty:			* State: CA	* ZIP Code: 93106	
* Country: USA						
* Phone Number: 805 893-7239 Fax Number: 805 893-3307 * Email: blaes@physics.ucsb.edu						

SF 424 (R&R) APPLI	CATION FC EDERAL AS	SISTANCE	Page 2
16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO ORDER 12372 PROCESS?	O REVIEW BY STATE EXECUTIVE
a. * Total Estimated Project Funding	158,144.00		N/APPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. * Total Federal & Non-Federal Funds	158,144.00		VV OIV.
c. * Estimated Program Income	0.00	DATE: 03/06/2006	
		b. NO PROGRAM IS NOT CO	VERED BY E.O. 12372; OR
		PROGRAM HAS NOT E REVIEW	BEEN SELECTED BY STATE FOR
true, complete and accurate to t	he best of my knowledge. I als ard. I am aware that any false,	ained in the list of certifications* and so provide the required assurances fictitious, or fraudulent statements , Section 1001)	* and agree to comply with any
* The list of certifications and assurances,	, or an Internet site where you may obt	tain this list, is contained in the announcemen	t or agency specific instructions.
19. Authorized Representative			
Prefix: * First Name:	Middle Name:	* Last Nam	e: Suffix:
Ms. Cara		Egan-Willia	ıms
* Position/Title: Sponsored Projects O	ficer * Organiza	tion: The Regents of the University of	California
Department: Office of Research	Division:	Sponsored Projects	
* Street1: University of California	Street2:	112.414	
* City: Santa Barbara	County:	* Sta	ate: CA * ZIP Code: 93106
* Country: USA			
* Phone Number: 805 893-8809	Fax Number: 805	5 893-2611 * Email:	eganwilliams@research.ucsb.edu
* Signature of Author Completed on submis	•		Date Signed submission to Grants.gov
20. Pre-application		Add Attachme	ent   Oylkie Atachman   Mowning from

FEDERAL ASSISTANCE	CE	2. DATE SUBMITTED March 3, 2006		Applicant I	Version 7/00 dentifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	Y STATE	State Appli	cation Identifier
Construction	Construction	4. DATE RECEIVED BY	Y FEDERAL AC	GENCY Federal Ide	antifier
Non-Construction 5. APPLICANT INFORMATION	Non-Construction			7 Cacrai lae	situie)
Legal Name:			Organizatio	nal Unit:	
City of Anderson			Department:		
Organizational DUNS:			Division:		
Address: Street:			Name and te	elephone number of	person to be contacted on matters
1887 Howard Street			involving th	is application (give a	area code)
City: Anderson			Middle Name	Scott	
County:			Last Name		
Shasta State:			Morgan		
California	Zip Code 96007		Suffix:		
Country: USA			Email:	.anderson.ca.us	
6. EMPLOYER IDENTIFICAT	ION NUMBER (EIN):		Phone Numb	er (give area code)	Fax Number (give area code)
94-602766	1		(530) 378-66		(530) 378-6648
8. TYPE OF APPLICATION:	P*****		7. TYPE OF	APPLICANT: (See b	ack of form for Application Types)
f Revision, enter appropriate le	etter(s) in hov(es)	☐ Revision	C. Municipal	ity	• ,
See back of form for description	on of letters.)		Other (specify	)	
Other (specify)	<u> </u>		9. NAME OF	FEDERAL AGENCY	•
10. CATALOG OF FEDERAL	DOMESTIC ASSISTANCE	E NUMBER:	11 DESCRIP	TIVE TITLE OF ARR	LICANT'S PROJECT:
		11-300		astructure Project	LIOAN TO PROJECT;
TITLE (Name of Program): Public Works				•	
12. AREAS AFFECTED BY P	ROJECT (Cities, Counties,	States, etc.):	-		
Shasta County		•			
13. PROPOSED PROJECT			14. CONGRE	SSIONAL DISTRICT	S OF:
Start Date: January 1, 2007	Ending Date: December 31, 2008		a. Applicant		b. Project
15. ESTIMATED FUNDING:	December 51, 2008		2nd (Wally He		2nd (Wally Herger) O REVIEW BY STATE EXECUTIVE
a. Federal	£	00	ORDER 12372	PROCESS2	
b. Applicant	Y	1,813,050	a. Yes. $\square$	HIS PREAPPLICATION VAILABLE TO THE S	DN/APPLICATION WAS MADE TATE EXECUTIVE ORDER 12372
c. State	RECEIVED	1,813,050	Р	ROCESS FOR REVIE	EW ON
		.00	D,	ATE:	
d. Local	MAR - 6 2006	.00	b. No. 🐖 Pl	ROGRAM IS NOT CO	OVERED BY E. O. 12372
e. Other	ATE CLEARING HOUS	E		R PROGRAM HAS N	OT BEEN SELECTED BY STATE
. Program Income	Committee Commit	.00	17. IS THE AF	OR REVIEW PPLICANT DELINQU	ENT ON ANY FEDERAL DEBT?
g. TOTAL \$		3,626,100		s" attach an explanatio	
18. TO THE BEST OF MY KNO	OWLEDGE AND BELIEF.	ALL DATA IN THIS ADD	LICATIONIDE	ADDI IO ADION ADDI	
TTACHED ASSURANCES IF			HE APPLICAN	IT AND THE APPLIC	TRUE AND CORRECT. THE ANT WILL COMPLY WITH THE
a. Authorized Representative Prefix	First Name Scott			Middle Name	
ast Name	SCOU			Suffix	
Morgan . Title					
City Manager . Signature of Authorized Repr	esentative			c. Telephone Numbe (530) 378-6646	r (give area code)
revious Edition Lookle	Scott	4 Moss		e. Date Signed Ma	avch 2, 2006

**APPLICATION FOR** 

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMIT	TED	·	Applicant Identifier	
. TYPE OF SUBMISSION		3. DATE RECEIV	ED BY STATE		State Application Identifier	
Application	Pre-Application					
Construction	Construction	4. DATE RECEIV	ED BY FEDER	RAL AGENCY	Federal Identifier	
Non-Construction	X Non-Construction					
APPLICANT INFORMATIO	N					
egal Name:			Organization	al Unit:		
			Department:			
	SADENA AIRPORT AUTHORIT	<u>Y</u>	ENGINE	ERING		<del></del>
Organizational DUNS:			Division: ADMINISTRA	TIONÍ		
26-078-450 Address:					of person to be contacted on matt	ers
Street:				s application (give		
			Prefix:	First N	ame:	
2627 HOLLYWOOD WAY			MR.	DAN		
City: BURBANK	•		Middle Name			
County:			Last Name			
LOS ANGELES	()		FEGER			
State:	Zip Code:		Suffix:		•	
CALIFORNIA	91505		Email:			
Country: U.S.A.	, i		DFEGER@	BUR.ORG		
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN)			er (give area code)	Fax Number (give area c	ode)
·			1	,	(818) 840-9207	•
9 5 - 3	3 3 7 7	3 2	(818) 840-8		1 , ,	
B. TYPE OF APPLICATION			7. TYPE OF	APPLICANT: (See	back of form for Application Types)	
X New	Revi	eion	N Airpo	ort .		
f Revision, enter appropriate le	etter(s) in box(es)	3.011	1, ,,,,,		•	
See back of form for description	on of letters.)		Other (specif	у)		
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	toward :		O NAME OF	FEDERAL AGEN	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Other (specify)				L AVIATION ADM		
A CATALOG OF FEDERAL	DOMESTIC ASSISTANCE NUI	MBER.			PPLICANT'S PROJECT:	
TO. CATALOG OF FEBLINAL			1 .		,	
	2 0 - 1	0 6	Reimbursem	ent for cost of land	acquisition already completed at 25 opment, specifically airport parking.	000
	p [*]		Hollywood W	ay for all port devel	opinisht, specifically all port parking.	
Title (Name of Program)			<b>!</b>			
· · · · · · · · · · · · · · · · · · ·	ROJECT (Cities, Counties, Stat	an ataly				
	Control (Cities, Counties, Stat	es, etc.).	1.			
CITY OF BURBANK			44 CONCE	ESSIONAL DISTR	ICTS OF:	
13. PROPOSED PROJECT	T= 11 B /			ESSIONAL DISTR	b. Project	
Start Date:	Ending Date:		a. Applicant		27	
01/06	02/06			ICATION SUBJEC	T TO REVIEW BY STATE EXECU	TIVE
15. ESTIMATED FUNDING:	•			72 PROCESS?	TO REVIEW BY STATE EXECU	
a. Federal	B	23,391,28	0	THIS PREAF	PPLICATION/APPLICATION WAS I	MADE
u, , suoiui	DECENT		a. Yes.	AVAILABLE	TO THE STATE EXECUTIVE ORD	ER 12372
b. Applicant	RECEIVE	5,633,76	0	PROCESS F	OR REVIEW ON	
a Stata	\$		-	DATE:	•	
c. State	MAR - 6 200	16 I				
d. Local	§ WITH		B. No.	X PROGRAMI	S NOT COVERED BY E. O. 12372	
			_		AM HAS NOT BEEN SELECTED B	YSTATE
e. Other	STATE CLEARING H	IOUSE		FOR REVIE	N	
f. Program Income	2	WITH THE PARTY OF	17. IS THE /	APPLICANT DELI	QUENT ON ANY FEDERAL DEB	T?
				/FID / H .:	- I was	
g. TOTAL	<b> \$</b>	29,025,04		s If "Yes" attach ar		
18. TO THE BEST OF MY KN	OWLEDGE AND BELIEF, ALL	DATA IN THIS APP	LICATION/PR	EAPPLICATION A	RE TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DUL	Y AUTHORIZED BY THE GO	VERNING BODY OF	THE APPLICA	NIT AND THE API	PLICANT WILL COMPLY WITH TH	15
	OF THE APPLICANT IS AWAR	UED.				
a. Authorized Representative Prefix Firs	st Name	4		Middle Name		
	AN			L.		
Last Name				Suffix		
FEGER				c. Telephone Num	nber (give area code)	
b. Tille DEPUTY EXECUTIVE DIRE	CTOR			(818) 840-8840	,	
d. Signature of Authorized Rep	presentative			e. Date Signed	2/22/21	
NAMA	Hein				2/28/06	

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 9-2003) Prescribed by OMB Circular A-102

MAR. 6. 2006_ 9:11AMUCSD	Contract &	Grant Admin	NO. 3050P. 2
	2, DATE SUBM	IITTED	Appl Identifier
APPLICATION FOR FEDERAL ASSISTANCE	03/06/2006		
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION	4, Federal Ide	ntifler	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Pre-application	4, 1000121100		
Changed/Corrected Application		4.5	I PUNO: 10/255700000
S. APPLICANY INFORMATION			onal DUNS: 8043557900000
* Legal Name: The Regents of the University of Califo		California San Diego	,,,,,,,,,,,
Department: Office of Contracts/Grants	Division:	100 Oll Divo 0034	
' Street1: University of California San Diego		i00 Gilman Drive - 0934	* State: CA * ZIP Code: 92093-0934
ony.	unty:	The state of the s	STEELS OF STREET OF STREET
Country: USA		RECEIV	/ Final D
Person to be contacted on matters involving this applic			Office Name: Suffix:
Preflx: First Name:	Middle Name:	MAR - 6 2	Wheaton
Judith (2000)	Env Number 795	d STATE CLEARING	G HOLMAR: Jwheaton@ucd.edu
* Phone Number: (658) 534-6832	ax Number: (85	Property Colonians (Colonians of Colonians o	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA	
95-8006-144		F: Sta	te-Controlled Institution of Higher Education
8.* TYPE OF APPLICATION: Vew		Other (Specify):	Small Business Organization Type
Resubmission Renewal Continuation	Revision	DenwO namoW	Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).	***	9. * NAME OF FEDERA	AL AGENCY:
A. Increase Award	ncrease Duration	Chicago Service Center	
D. Decresse Duration @ E. Other (specify)		10. CATALOG OF FED	DERAL DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies	Yes No	81.049	
What other Agencies?		TITLE: Office of Scien	nce Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANTS PROJE	CT:		
Just-In-Time Workload Management: Scalable Resou		Open Science Grid	
12, * AREAS AFFECTED BY PROJECT (cities, coun	lies, states, etc.)		
San Diego			
13. PROPOSED PROJECT:	,	14. CONGRESSIONAL	L DISTRICTS OF:
* Start Date * Ending Date		a. * Applicant	b. * Project
07/01/2006 06/30/2009		53	53
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT		FORMATION	* Last Name: Suffix:
Prafix: * First Name:	Middle Name:		* Last Name: Suffix:
Position/Title: Associate Professor	* Organizati	ion Name: The Regents	of the University of California; University of California San
Department: Physics	Division:	General Carr	
* Street1: University of California San Diego	\$1reet2:	9500 Gliman	Drive - 0319
* City: La Jolla	county: San Diego	0	* State: CA * ZIP Code: 92093-0319
* Country: USA	L		
* Phone Number: (858) 822-3219	Fax Number:		* Emall: [fkw@ucsd.edu

B. ESTIMATED PROJECT FUNDING		7. • IS APPLICATION SUBJECT TO REVIEW BY S ORDER 12372 PROCESS7	STATE EXECUTIVE
* Total Estimated Project Funding  * Total Federal & Non-Federal Funds  * Estimated Program Income  8. By signing this application, 1 cert	193,910.00 0.00 by (1) to the statements contained	AVAILABLE TO THE STATE EXECUTIVE PROCESS FOR REVIEW ON:  DATE: 03/06/2006  DATE: 03/06/2006  DATE: 09/06/2006  DATE: 09/	. 12372; OR D BY STATE FOR  Interments herein are comply with any
frue, complete and accurate to the resulting terms if I accept an awa criminal, civil, or administrative	ra 1 sm sware that any taise. Hu	HILIDUS, OI HAUGUIGHT STATESTING OF THE	r subject me to
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true, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative  I agree The list of certifications and essurances, Authorized Representative	or an Internet alte where you may obtain  Middle Name:    * Organization  ant Adm  Division:	this list, is contained in the announcement or agency specifically and the announcement of agency specifically and the announcement of agency specifically agency specifically announcement of agency specifically agency specific	c instructions. Suffix:

MAR. 6.2006_ 8:52AMUCSD C	ontract &	Grant	Admin		NO.	3049	P. 2
·	2. DATE SUB	MITTED		Арр.	it identifier	*1	
APPLICATION FOR FEDERAL ASSISTANCE	03/06/2006						
SF 424 (R&R)	3. DATE REC	EIVED BY	STATE	State	Application Id	lentifler	
1. * TYPE OF SUBMISSION	<u> </u>				<b>-</b>		
Pre-application Application	4. Federal Ide	entifler		$\neg$			
Changed/Corrected Application							
5. APPLICANT INFORMATION			* Organization	onal DUNS: 8	043557900000	.,,	
* Legal Name: The Regents of the University of Callfor	na; University of	California,	San Diago				
Department: Office of Contract & Grants	Division:						
* Street1: 9500 Gliman Drive, MC-0934	Street2:						
* City: La Jolla	inty: San Diego	DE		* State:	CA .	ZIP Code: [	92093
* Country: USA	· 1		CEIVE	=n 7			
Person to be contacted on matters involving this applica	allon	MAI	7 - 6 200		-		
Prefix: * First Name;	Middle Name:		R - 6 200	b Last Name:			Suffix:
Judith	[8	TATE CL	EARING HO	Wheaten			
* Phone Number: (858) 5348832 Fr	ax Number: (85	8)534-028	)	US Exmail: [w	heaton@ucsd.	edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYP	E OF APPLICA	NT:			
956006144			F: State	e-Controlled Ins	titution of Highe	er Education	
8. * TYPE OF APPLICATION: V New		Olher (Spe	clly):				
Resubmission Renewal Continuation I	Revision	□ Wom	en Owned		o Organization 7 Socially and i		y Disadventaged
If Revision, mark appropriate box(es).		9. * NAM	E OF FEDERAL	L AGENCY:			
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Inc	rease Duration	Chicago	Service Center				
回 D. Decrease Duration 回 E. Other (specify)		10. CAT	ALOG OF FEDE	RAL DOMEST	IC ASSISTANC	E NUMBER	₹:
• le this application being submitted to other agenciee?	Yes ☐ No ✓		61.049				
What other Agencies?		TITLE:	Office of Science	e Financial Ass	Istance Program	m	
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	T:						1,700
Cosmological Shocks, the Magnetized Universe, and the		Galactic C	osmic Rays				
12. * AREAS AFFECTED BY PROJECT (cities, countie	s, states, etc.)						
San Diego, CA							
13, PROPOSED PROJECT:		14. CON	GRESSIONAL I	DISTRICTS OF:			, <del>, , , , , , , , , , , , , , , , , , </del>
* Start Date	_	a. * Appl	cant		b. * Project		
		53			53		
15. PROJECT DIRECTOR/PRINC)PAL INVESTIGATOR Prefix: *First Name:	R CONTACT INF Middle Name:	ORMATIC	N	# I A b I			
Dr. Petrick	Middle Name:			Last Name: Diamond			Suffix:
Position/Title: Professor	Organization	on Name:	The Regents of	f the University	of Callforna: Un	iversity of C	allfornia. San
Department: Office of Contract & Grants	Division:						
• Street1: 9500 Gliman Drive, MC-0424	Street2:						
• City: La Jolla Cou	ınty: San Diego	-		* State:	CA +	ZIP Code:	92093
* Country: USA				·		· · · · · · [	
• Phone Number: (858) 534-4025 Fa	x Number: (858	3) 534-0177	,	* Email: po	dlamond@ucsd	l.edu	
	-						

16. ESTIMATED PROJECT FUNDING		PLICATION SUBJECT TO REVIEW 12372 PROCESS?	BY STATE EXECUTIVE
. * Total Estimated Project Funding . * Total Federal & Non-Federal Funds . * Estimated Program Income	1,250,000.00  1,250,000.00  DATE: 0.00  b. NO	THIS PREAPPLICATION/APPLICA AVAILABLE TO THE STATE EXEC PROCESS FOR REVIEW ON:  /06/2006  PROGRAM IS NOT COVERED BY PROGRAM HAS NOT BEEN SELE REVIEW	E.O. 12372; OR
true, complete and accurate to the resulting terms if I accept an away	ify (1) to the statements contained in the il le best of my knowledge. I also provide th Ird. I am aware that any false, fictitious, o penalties. (U.S. Code, Title 18, Section 100	required assurances * and agre fraudulent statements or claims	a to comply with any
frue, complete and accurate to the resulting terms if I accept an award criminal, civil, or administrative  * * I agree  * * * The list of cortifications and assurances,  19. Authorized Representative	ie best of my knowledge. I also provide the land aware that any false, fictitious, of penalties. (U.S. Code, Title 18, Section 100 or an internet site where you may obtain this list, is a	e required assurances * and agre fraudulent statements or claims 1) ontained in the announcement or egency s	e to comply with any may subject me to
resulting terms if I accept an aware criminal, civil, or administrative  * * I agree  * * The list of cortifications and assurances,  13. Authorized Representative	ie best of my knowledge. I also provide th ird. I am aware that any false, fictitious, o penalties. (U.S. Code, Title 18, Section 100	e required assurances * and agre fraudulent statements or claims 1)	e to comply with any may subject me to
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frue, complete and accurate to the resulting terms if I accept an away criminal, civil, or administrative   * I agree  * The list of cortifications and assurances,  19. Authorized Representative  Prefix: * First Name:  Judith  * Position/Title: Contract & Grant Office  Department: Ofc of Contract& Grant	ne best of my knowledge. I also provide the rd. I am aware that any false, fictitious, or penalties. (U.S. Code, Title 18, Section 100 or an internet site where you may obtain this list, is a Middle Name:  Middle Name:  Organization:  The Re	required assurances * and agre fraudulent statements or claims 1)  Intained in the announcement or egency so * Last Name:	e to comply with any may subject me to

20. Pre-application

OMB Number: 4040-0001

Visw Adaptoress

Expiration Date: 04/30/2008

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MAR. 6.2006_ 7:35AMUCSD C	ontract &	Grant	Admın.			NO. 3040P	. 2
	2. DATE SUE	MITTED		Appli	ldentif	ner .	
APPLICATION FOR FEDERAL ASSISTANCE	03/06/2006				(d')		
SF 424 (R&R)	3. DATE REC	EIVED BY	STATE	State	Application	n Identifier	
1. TYPE OF SUBMISSION	<u> </u>			<u> </u>	·		
Pre-spplication Application Changed/Corrected Application	4. Federal Id	lentiflør					
5. APPLICANT INFORMATION			* Organizational	DUNS: 6	304355790		
* Legal Name: The Regents of the University of Califor	nla, University o	f Californla	San Diego		7178		
Department: Office of Contract & Grants	Division:			7			
Street1: 9500 Gilman Drive, MC-0934	Street2:	Section of the sectio	TOTAL CONTRACTOR AND ADMINISTRAL PROPERTY OF THE PROPERTY OF T	terretares const.			
* City: La Joila Cou	nty: Sen Dieg	RE	CEIVET	• State:	CA	* ZIP Code: 920	093
* Country: USA						J	
Person to be contacted on matters involving this applica	tlon	<del>-</del> M/	√R <del>- <b>6</b> 2006</del>				V
Profix: * First Name;	Middle Name:	OTATE:	)	ast Name:			Suffix:
Judith		SIVIE	CLEARING HO	JSE Tealon			
* Phone Number: (856) 5348832	ax Number: (6	58) 534-028	10	Emall: jv	vheaton@uc	sd.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYP	E OF APPLICANT:				
956006144			· · · · · · · · · · · · · · · · · · ·	introlled Ins	stitution of Hi	gher Education	···• · —
8. TYPE OF APPLICATION: V New		Other (Spo				8.01	
	Revision				s Organizațio		
Kellewai Collumbation	KBVI\$IOI1	□ Wom	en Owned	ū	Socially ar	nd Economically D	isadvantaged
If Revision, mark appropriate box(es).		9, " NAM	E OF FEDERAL AC	ENCY:			
A Increase Award	rease Duration	Chicago	Service Center				
D. Decrease Duration @ E. Other (specify)		10. CAT.	ALOG OF FEDERA	L DOMEST	IC ASSISTA	NCE NUMBER:	
* Is this application being submitted to other agencies?	Yes No		81.049				
What other Agencies?		TITLE:	Office of Science Fi	nancial Ass	sistance Prog	gram	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	T:	•					
Computational Astrophysics Consortium: I. Cosmic Stru	clure and Evolu	tion .					
12. * AREAS AFFECTED BY PROJECT (citles, countle	s, states, etc.)						
San Diego, CA							
13. PROPOSED PROJECT:	•	14. CON	GRESSIONAL DIST	RICTS OF	;		
* Start Date * Ending Date   07/01/2006   06/30/2011	7	a. Appl	cant		b. * Project	<u> </u>	· ·
		<u> </u>			53	- 1/241	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name;	R CONTACT INF Middle Name:	FORMATIC		ast Name:			offix:
Dr. Michael				man			umx:
Position/Title: Professor	* Organizati	on Name:	The Regents of the		of California,	University of Callf	ornia, San
Department: Astrophysics and Space Scl	Division:		Physics			<del></del>	
Street1: 9500 Gilman Drive, MC-0424	Street2:		^^~				
* City: La Jolle Cou	nly: San Diego	)	21 20.7	* State:	CA	* ZIP Code: 920	
* Country: USA							/
* Phone Number: (858) 534-4194 Fa	x Number: (858	8) 534-0177		Email: m	nlnorman@u	csd.edu	— դ
			1	<u> </u>			

SF 424 (R&R) APPLICATION 16. ESTIMATED PROJECT FUNDING		7. * IS APPLICATION SUBJECT TO REVIEW B	Page 2
THE ESTIMATES PROPERTY ON SHAPE	'	ORDER 12372 PROCESS?	I SIATE EXECUTIVE
Cara Cara	725.00	AVAILABLE TO THE STATE EXECUTED PROCESS FOR REVIEW ON:	
. * Estimated Program Income 0.00		DATE: 03/06/2006	
	b	. NO PROGRAM IS NOT COVERED BY E.	O. 12372; OR
		PROGRAM HAS NOT BEEN SELECT	ED BY STATE FOR
criminal, civil, or administrative penalt  i agree The list of certifications and assurances, or an in	m aware that any false, flo es. (U.S. Code, Title 18, Se	rovide the required assurances * and agree thitious, or fraudulent statements or claims meetion 1001)  this list, is contained in the announcement or agency spec	ay subject me to
criminal, civil, or administrative penalt  v i agree The list of certifications and assurances, or an in  Authorized Representative	m aware that any false, flo es. (U.S. Code, Title 18, Se	titious, or fraudulent statements or claims m action 1001)	ay subject me to
criminal, civil, or administrative penalt  • t agree • The list of certifications and assurances, or an in  9. Authorized Representative	m aware that any false, fices. (U.S. Code, Title 18, Se dernet site where you may obtain t	titious, or fraudulent statements or claims maction 1001)  this list, is contained in the announcement or agency spec	ay subject me to
criminal, civil, or administrative penalt      *   agree  *The list of certifications and assurances, or an in  9. Authorized Representative  Prefix: *First Name:  Judith	m aware that any false, fices. (U.S. Code, Title 18, Se dernet site where you may obtain t	ritious, or fraudulent statements or claims mection 1001)  this list, is contained in the announcement or agency specifies the last Name:  Wheaton	ay subject me to
criminal, civil, or administrative penalt  of tagree  *The list of certifications and assurances, or an in  9. Authorized Representative  Prafix: *First Name:  Judith  Position/Title: Contract & Grant Officer	m aware that any false, floes. (U.S. Code, Title 18, Se femet site where you may obtain to Middle Name:	ritious, or fraudulent statements or claims mection 1001)  this list, is contained in the announcement or agency specifies the last Name:  Wheaton	ay subject me to
criminal, civil, or administrative penalt  I agree The list of certifications and assurances, or an in  9. Authorized Representative Prefix: First Name:  Judith Position/Title: Contract & Grant Officer Department: Ofc of Contracts & Grants	m aware that any false, fices. (U.S. Code, Title 18, Setemet alte where you may obtain to Middle Name:	ritious, or fraudulent statements or claims mection 1001)  this list, is contained in the announcement or agency specifies the last Name:  Wheaton	ay subject me to
criminal, civil, or administrative penalt  of agree  The list of certifications and assurances, or an in  19. Authorized Representative  Profix: First Name:  Judith  Position/Title: Contract & Grant Officer  Department: Ofc of Contracts & Grants  Street1: 9500 Gilman Drive, MC-0934	m aware that any false, fices. (U.S. Code, Title 18, Setemet alto where you may obtain the Middle Name:  Organization:	ritious, or fraudulent statements or claims mection 1001)  this list, is contained in the announcement or agency specifies the last Name:  Wheaton	ay subject me to
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criminal, civil, or administrative penalt  I agree  The list of certifications and assurances, or an in  19. Authorized Representative  Prefix: First Name:  Judith  Position/Title: Contract & Grant Officer  Department: Ofc of Contracts & Grants  Street1: 9500 Gilman Drive, MC-0934  City: La Jolla  Country: USA	m aware that any false, fices. (U.S. Code, Title 18, Setemet alte where you may abtain the Middle Name:  Organization:  Division:  Street2:	* Last Name:  Wheaton  The Regents of the University of California, Uni  * State: CA	Suffix:  Versity of California, San Diego  * ZIP Code: 92093
criminal, civil, or administrative penalt  I agree  The list of certifications and assurances, or an in  19. Authorized Representative  Prefix: First Name:  Judith  Position/Title: Contract & Grant Officer  Department: Ofc of Contracts & Grants  Street1: 9500 Gilman Drive, MC-0934	m aware that any false, fices. (U.S. Code, Title 18, Setemet alte where you may obtain to Middle Name:  Middle Name:  Organization:  Division:  Street2:  County: San Diego  Fax Number: (658) 5	* Last Name:  Wheaton  The Regents of the University of California, University of California	Suffix:  versity of California, San Diegr

MAR. 6. 2006_ 6:44AMUCSD Co.	ntract & G	irant <i>!</i>	Admin.			NO. 3039 P. 2
)	2. DATE SUE	MITTED		App	ant ider	ntifier
APPLICATION FOR FEDERAL ASSISTANCE	03/06/2006					
SF 424 (R&R)	3. DATE REC	EIVED BY	STATE	Stat	Applicat	lon identifier
1. * TYPE OF SUBMISSION	<u> </u>					
Pre-application Application	4. Federal Id	entifier	-			
Changed/Corrected Application	1-				. <u>.</u>	
5. APPLICANT INFORMATION	v====			onal DUNS;	804355790	00000
* Legal Name: The Regents of the University of Californ	nla; University of	California	San Diego			7,
Department: Office of Contracts & Grants	Division:				]	
Street1: University of California San Dlego	***	500 Gilma	n Drive - 0934		]	
* City: La Jolls Cou	nty: RE	C	WED	* State	CA	* ZIP Code: 92093-0934
* Country: USA	- 1.4	A D (	<del>70</del> 06 -			
Person to be contacted on matters involving this applical Prefix: * First Name:	1	-11\ '				
Preflx: * Firet Name:    Judith	Middle Name:	CLEAR	ING HOUSE	Last Name:		Suffix:
	ix Number: (85	6) 534-02	80 	Emeil: [j	wheaton@	ucd.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TY	PE OF APPLICAT	NT:		
95-8008-144		L	F: State	-Controlled in	stitution of	Higher Education
8. TYPE OF APPLICATION: W New		Other (Sp.	ecily):			
Resubmission Renewal Continuation Resubmission Resubmission Renewal	tevision	@ Worn	en Owned	Small Busines		ation Type and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAN	E OF FEDERAL	AGENCY;		
A. Increase Award     B. Decrease Award     C. Inc.	rease Duration	Chicago	Service Center			
D. Decrease Duration E. Other (specify)		10. ÇAT	ALOG OF FEDE	RAL DOMES	IC ASSIS	TANCE NUMBER:
* Is this application being submitted to other agencies?	Yes No		81.049			TARGE ROWDER.
What other Agencles?		TITLE:	Office of Science	a Financial As	sistance P	rogram
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT	Γ:	L	14			-3-411
Edge Services Framework: Enabling VO specific Service	s on theOpen S	cience Gr	id .			· · · · · · · · · · · · · · · · · · ·
12. * AREAS AFFECTED BY PROJECT (cities, counties	, states, etc.)	7				
San Diego						
13. PROPOSED PROJECT:		14. CON	GRESSIONAL D	ISTRICTS OF	:	
* Start Date	۱	a. * Appl			b. * Proje	oct
		53			53	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Profix: * First Name:	CONTACT INFO	ORMATIO				
Frank	August Mame:	<b>-</b>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Last Name: Wuerthwein		Suffix:
Position/Title: Associate Professor	* Organizatio	n Name:			of Californi	a; University of California San
Department: Office of Contracts & Grants	Division:					a, anversity of California San
* Street1: University of California San Diego	Street2:		9500 Gilman Dri	ve - 0934		<u>-</u>
City: La Jolla Coun	ty: San Diego			* State:	ČA	'ZIP Code: 92093-0934
* Country: USA			4		L	
* Phone Number: (858) 822-3219 Fax	Number:	74		▼Emall: ffk	w@ucsd.e	du ,
						\mathrea{1}

	'. " IS APPLICATION SUBJECT TO RE ORDER 12372 PROCESS?	EVIEW BY STATE EXECUTIVE
la.	YES THIS PREAPPLICATION/AP AVAILABLE TO THE STATE	EXECUTIVE ORDER 12372
	PROCESS FOR REVIEW OF	N:
	ATE: 03/06/2006	100
b. t	NO PROGRAM IS NOT COVERE	ED BY E.O. 12372; OR
	PROGRAM HAS NOT BEEN REVIEW	SELECTED BY STATE FOR
where you may obtain this	is list, is contained in tha announcement ar ag	nancy specific instructions.
where you may obtain this	is list, is contained in the announcement or ag	rency specific instructions. Suffix:
	is list, is contained in the announcement or ag	<u> </u>
	is list, is contained in the announcement or ag Last Name; Wheaton	<u> </u>
Middle Name:	is list, is contained in the announcement or ag Last Name; Wheaton	Suffix:
Middle Name:	Last Name: Wheaton The Regents of the University of California	Suffix:
Middle Name: L  * Organization; Division:	Last Name: Wheaton The Regents of the University of California Regents of the University Regents Regents of the University Regents	Suffix:
Middle Name:  L  * Organization:  Division:  Street2:	Last Name: Wheaton The Regents of the University of California (California (Ca	Suffix:  omla; University of California San Diego
Middle Name:  L  * Organization:  Division:  Street2:	* Last Name; Wheaton The Regents of the University of Califor The Regents of the University of Califor 9500 Gilman Drive - 0934	Suffix:  omla; University of California San Diego
	atements contained	PROGRAM HAS NOT BEEN

Expiration Date: 04/30/2008

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MAR. 6.2006_ 6:19AMUCSD Co	ntract & (	Grant A	dmin	N	lo. 3036P.   5
Application	2. DATE SUB	MITTED		Appit Identi	fier
APPLICATION FOR FEDERAL ASSISTANCE					
SF 424 (R&R)	3. DATE REC	EIVED BY	STATE	State Applicatio	n Identifier
1. * TYPE OF SUBMISSION	4 Fada-alld				F 10 1. 1.
Pre-application Changed/Corrected Application	4. Federal Id	entifier	71		
5. APPLICANT INFORMATION					1/2
* Legal Name: The Regents of the University of Californ	nia: University of	California	* Organizational	DUNS: 80435579000	300
Department: Office of Contracts & Grants	Division: U				
* Street1: 9500 Gilman Drive - 0934	Street2:				
* City: La Jolla Cou	niy:	IN COLUMN TO SECURE AND ADDRESS OF THE SECUR		• State: CA	* ZIP Code: 92093-0934
* Country: USA		REC	EIVED		]
Person to be contacted on matters involving this applica	tion	MAR -	<b>6</b> 2006		
	Middle Name:			ast Name;	Suffix:
Judith	L SI	ATE CLE	ARING HOUSE		
* Phone Number: (858)534-8832 Fa	38) - Hedwin x	6)534-0280	Commission Authorities (1965-2-1965) Discharge (1966-2-1965)	Email: jwheaton@uc	esd.edu
6. • EMPLOYER IDENTIFICATION (EIN) of (TIN):		7. * TYPE	OF APPLICANT:		
95-6006-144		N.	F: State-Co	introlled Institution of H	Igher Education
8. TYPE OF APPLICATION: V New		Olher (Spec			
Resubmission Renewal Continuation F	Revision	□ Wome		all Buainess Organization  Socially a	on Type nd Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAMI	OF FEDERAL AG	BENCY:	
A. Increase Award     B. Decrease Award     C. Incl	rease Duration	Chicago S	arvice Center		
D. Decrease Duration		10. CATA	LOG OF FEDERA	L DOMESTIC ASSISTA	ANCE NUMBER:
Is this application being submitted to other agencies?	Yes□ No <b></b> ✓		61.049		
What other Agencies?		TITLE:	Office of Science Fl	nancial Assistance Pro	gram
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC					
Storage Resource Management Center for Enabling Tecl	hnology ————————————————————————————————————				
12. * AREAS AFFECTED BY PROJECT (cities, counties San Diego	s, slates, etc.)		•		
13. PROPOSED PROJECT:		44 600	DPAGIALLA TIT		
* Start Date Ending Date		a. ' Applic	RESSIONAL DIST	RICTS OF: b. • Projec	ı
07/01/2006 06/30/2011		53		53	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR		ORMATION	l		
Prefix: * First Name;	Middle Name:			st Name:	Suffix:
Position/Title: Specialist	• Organizatio	- N [		ishek	
Department: Office of Contracts & Grants	Division;	Ļ			University of California San
* Street1: 9500 Gilman Drive - 0934	Street2:	ľ,	University of Califor	nia	
* City: La Jolla Cour				7 . 0444	
* Country: USA				* State: CA	* ZIP Code: 92093-0934
• Phone Number: (858)822-6666 Fax	Number:		· .	Empil; arana@ucsd.	edu
				<u> </u>	

OMB Number: 4040-0001 Expiration Date: 04/30/2008

SF 424 (R&R) APPLI		7. * IS APPLICATION SUBJECT TO REVIEW BY	Page 2
16. ESTIMATED PROJECT FUNDING	[1	ORDER 12372 PROCESS?	STATE EXECUTIVE
a. * Total Estimated Project Funding	663,642.00 a	YES THIS PREAPPLICATION/APPLICATION  AVAILABLE TO THE STATE EXECUTIVE	
o. * Total Federal & Non-Federal Funds	663,642.00	PROCESS FOR REVIEW ON:	VE ORDER 12372
c. * Estimated Program Income	0.00	DATE: 03/08/2006	
	ь	NO PROGRAM IS NOT COVERED BY E.O.	. 12372; OR
		PROGRAM HAS NOT BEEN SELECTE REVIEW	D BY STATE FOR
✓ * I agree			
	, or an Internet site where you may obtain (	his list, is contained in the announcement or agency specific	c instructions.
19, Authorized Representative Prefix: * First Name:	, or an Internet alte where you may obtain to	his list, is contained in the announcement or agency specific  * Last Name;	c Instructions.  Sulfix;
19. Authorized Representative Prefix: * First Name: Judith	Middle Name:	* Last Name; Whealon	Suffix;
19. Authorized Representative Prefix: * First Name:  Judith	Middle Name:	* Last Name: Whealon	Suffix;
19. Authorized Representative Prefix: * First Name:  Judith * Position/Title: Contract and Grant Of	Middle Name:  ficer * Organization:	* Last Name; Whealon	Suffix;
19. Authorized Representative Prefix: * First Name:  Judith  * Position/Title: Contract and Grant Of Department: Ofc of Contract and G	Middle Name:  ficer * Organization:	* Last Name: Wheaton The Regents of the University of California; University	Suffix;
19. Authorized Representative Prefix: * First Name:  Judith  * Position/Title: Contract and Grant Of Department: Ofc of Contract and G  * Street1: University of California	Middle Name:  ficer * Organization:	* Last Name; Wheaton The Regents of the University of California; University of California	Suffix;
19. Authorized Representative Prefix: * First Name:	ficer * Organization; rant Adm Division: a, San Diego Street2;	* Last Name;   Wheaton   The Regents of the University of California; University of California   University of California	Suffix; ersity of Callfornia San Diego
19. Authorized Representative Prefix: * First Name:  Judith  Position/Title: Contract and Grant Of Department: Ofc of Contract and G  Street1: University of California  * City: Le Jolle  Country: USA	ficer * Organization; rant Adm Division: a, San Diego Street2;	* Last Name:   Wheaton   The Regents of the University of California; University of California   University of California   9500 Gilman Drive-0954   * State: CA	Suffix:  ersity of Callfornia San Diego  * ZIP Code: 92093-0934
19, Authorized Representative Prefix: * First Name:  Judith  * Position/Title: Contract and Grant Of Department: Ofc of Contract and G  * Street1: University of California  * City: Le Jolle  * Country: USA	Middle Name:  ficer * Organization: rant Adm Division: a, San Diego Street2;  County:  Fax Number: (858)53	* Last Name; Wheaton  The Regents of the University of California; University of California  University of California  9500 Gliman Drive-0954  * State: CA	Sulfix; ersity of Callfornia San Diego * ZIP Code: 92093-0934

OMB Number; 4040-0001 Expiration Date: 04/30/2006

APPLICATION FOR FEDERAL ASSISTANCE  SF 424 (R&R)  1. TYPE OF SUBMISSION  4. Federal Identifier  5. APPLICANT INFORMATION  Clegal Name: The Regents of the University of California; University of California, San Diego  Department: Office of Contracts & Grants  Division:  Street: S500 Gilman Dr. Mail: Code 0934  Street: S500 Gilman Dr. Mail: Code 0934  Country: USA  Person to be contacted on matters involving this application  Person: First Name: Middle  Middle  Person: Sistes S4-8832  Fax Number: S85-534-8832  Fax Number			
SF 424 (R&R)  3. DATE RECEIVED BY STATE  State Application Identifier  Pre-application			
A. Federal Identifier   Pre-application   Pre-application   A. Federal Identifier   Pre-application   Pre-			
Pre-application			
Pre-application			
APPLICANT INFORMATION  *Organizational DUNS: 8043557900000  *Legal Name: The Regents of the University of California; University of California, San Diego  Department: Office of Contracts & Grants			
Clegal Name: The Regents of the University of California; University of California, San Diego  Department: Office of Contracts & Grants			
Department: Office of Contracts & Grants			
Street1: 9500 Gliman Dr. Mail Code 0934 Street2:  P City: La Jolla, CA County: San Diego * State: CA * ZIP Code: 92093-0954 Person to be contacted on maitars involving this application Prefix: *First Name: Middle Name: MAR - 6 2006 * Last Name: Suffix: MAR - 6 2006 * Last Name:			
Person to be contacted on metters involving this application Prefix: *First Name: Middle Name: MAR = 6 2006 , ast Name: Suffix:  Ms. Judith   R   STATE CLEARING HOUSE   Email: Wheaton   Phone Number: 858-534-8632   Fax Number: 858-534-0280   Email: Wheaton    6. *EMPLOYER IDENTIFICATION (EIN) or (TIN): F: State-Controlled Institution of Higher Education    6. *TYPE OF APPLICATION: New   Other (Specify): Small Business Organization Type    Momen Owned   Socially and Economically Disadvantaged    Momen Owned   Socially and Economically Disadvantaged    10. CATALOG OF FEDERAL AGENCY: Chicago Service Center    10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: *  * Is this application being submitted to other agencies? Yes.* No    What other Agencies? Pacific NW Nat'l Lab   TITLE: Office of Science Financial Assistance Program    11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Person to be contacted on matters involving this application Prefix: * First Name: Middle Name: MAR = 6 2006 * Last Name: Suffix:  MS. Judith R STATE CLEARING HOUSE Email: [wheaton@ucsd.edu] Phone Number: 858-534-8832 Fax Number: 858-534-0280 Email: [wheaton@ucsd.edu]  7. * TYPE OF APPLICATION (EIN) or (TIN):  95-6006-144 F: State-Controlled institution of Higher Education  Other (Specify):  Resubmission Renewal Continuation Revision  If Revision, mark appropriate box(es).  A Increase Award B B. Decrease Award C C. Increase Duration  D. Decrease Ouration B E. Other (specify)  10. CATALOG OF FEDERAL AGENCY:  Chicago Service Center  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  * Is this application being submitted to other agencies? Yes No  What other Agencies? Pacific NW Nat'l Lab  TITLE: Office of Science Financial Assistance Program  11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Person to be contacted on maiters involving this application Prefix: *First Name: Middle Name: MAR = 6 2006 , ast Name: Suffix:  Ms. Judith R STATE CLEARING HOUSE Email: [wheaton] Phone Number: 858-534-8832 Fax Number: 858-534-0280 Email: [wheaton@ucsd.edu]  6. *EMPLOYER IDENTIFICATION (EIN) or (TIN):  55-6006-144 F: State-Controlled Institution of Higher Education  Other (Specify):  Other (Specify):  New Small Business Organization Type  Women Owned Socially and Economically Disadvantaged  If Revision, mark appropriate box(es).  A Increase Award B B. Decrease Award C C. Increase Duration  D. Decrease Ouration E E. Other (specify)  10, CATALOG OF FEDERAL AGENCY:  Chicago Service Center  10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  # Is this application being submitted to other agencies? Yes V No  What other Agencies? Pacific NW Nat'l Lab  TITLE: Office of Science Financial Assistance Program  11. *DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Prefix: *First Name: Middle Name: MAR 6 2006 *Last Name: Suffix: Ms. Judith R STATE CLEARING HOUSE Email: Jwheaton@ucsd.edu  *Phorie Number: 858-534-8832 Fax Number: 858-534-0280 Email: Jwheaton@ucsd.edu  *Type of Applicant: F: State-Controlled Institution of Higher Education  *Other (Specify): Small Business Organization Type  Resubmission Renewal Continuation Revision  *If Revision, mark appropriate box(es):  *In Increase Award **B B. Decrease Award **B C. Increase Duration  *D. Decrease Ouration **B E. Other (Specify)  *In It It is application being submitted to other agencies? Yes **In It It.** Descriptive Title of Applicant's Project:  *In It is application being submitted to other agencies? Pacific NW Nat'l Lab  *In It.** Descriptive Title of Applicant's Project:  **In It.** Descriptive Title of Applicant T			
Ms. Judith R STATE CLEARING HOUSE Email:   wheaton@ucsd.edu  *Phone Number: 858-534-8832   Fax Number: 858-534-0280   Email:   wheaton@ucsd.edu  6. *EMPLOYER   IDENTIFICATION (EIN) or (TIN):   F: State-Controlled Institution of Higher Education  8. *TYPE OF APPLICATION: New   Small Business Organization Type   Women Owned   Socially and Economically Disadvantaged  If Revision, mark appropriate box(es).   9. *NAME OF FEDERAL AGENCY:   Chicago Service Center    10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  * Is this application being submitted to other agencies? Yes No   B1.049    What other Agencies? Pacific NW Nat'l Lab   TITLE: Office of Science Financial Assistance Program    11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
* Phone Number: 858-534-8832 Fax Number: 858-534-0280 Email:   wheaton@ucsd.edu  6. * EMPLOYER   IDENTIFICATION (EIN) or (TIN):  95-8006-144 F: State-Controlled Institution of Higher Education  Other (Specify):  Resubmission Renewal Continuation Revision  If Revision, mark appropriate box(es).  A. Increase Award B. Decrease Award C. Increase Duration  D. Decrease Duration E. Other (specify)  * Is this application being submitted to other agencies? Yes No  What other Agencies? Pacific NW Nat'l Lab  TITLE: Office of Science Financial Assistance Program  11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
6. * EMPLOYER   DENTIFICATION (EIN) or (TIN):    E5-8006-144			
### F: State-Controlled Institution of Higher Education  ### Other (Specify):    Other (Specify):			
8. * TYPE OF APPLICATION:			
Small Business Organization Type  Resubmission Renewal Continuation Revision  Revision, mark appropriate box(es).  A increase Award B b. Decrease Award C C. Increase Duration  D. Decrease Duration E c. Other (specify)  10, CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  * Is this application being submitted to other agencies? Yes No B1.049  What other Agencies? Pacific NW Nat'l Lab  TITLE: Office of Science Financial Assistance Program			
Resubmission   Renewal   Continuation   Revision   Re			
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify)  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
D. Decrease Duration E. Other (specify)  10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  81.049  What other Agencies? Pacific NW Nat'l Lab  TITLE: Office of Science Financial Assistance Program  11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
* Is this application being submitted to other agencies? Yes No B1.049  What other Agencies? Pacific NW Nat'l Lab TITLE: Office of Science Financial Assistance Program  11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
What other Agencies? Pacific NW Nat'l Lab TITLE: Office of Science Financial Assistance Program  11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:			
Hybrid Numerical Methods for Multiscale Simulations of Subsurface Biogeochemical Processes			
12, * AREAS AFFECTED BY PROJECT (cities, counlies, states, etc.)			
San Diego, CA			
13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF:			
* Start Date			
07/01/2006 06/30/2010 53 53			
15, PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION  Prefix: First Name: Last Name: Suffix:			
Prefix:     First Name:     Middle Name:     * Last Name:     Suffix:       Dr.     Daniel     Tarlakovsky			
Position/Title: Acting Associate Professor			
Department: Mechanical & Aerospace Eng. Division:			
* Street1: 9500 Gliman Dr. Mall Code 0411 Street2:			
* City: La Jolla, CA County: San Diego			
* Country: USA			

10 TOTAL SERVICE DESCRIPTION OF THE PARTY OF	PLICATION F FI		······································		
16, ESTIMATED PROJECT FUNDI	ESTIMATED PROJECT FUNDING		17. "IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. * Total Estimated Project Funding	400,000.00	a. '	YES THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXE		
o. * Total Federal & Non-Federal Fur	ds 400,000.00		PROCESS FOR REVIEW ON:		
c. * Estimated Program Income	0.00	D.	ATE: 03/08/2006		
	Market Parket of Control of Control	b. 1	NO PROGRAM IS NOT COVERED B	SY E.O. 12372; OR	
			PROGRAM HAS NOT BEEN SEI	LECTED BY STATE FOR	
criminal, civil, or administrat			ition (tour)		
*The list of certifications and assurant	nces, or an internet site wi	here you may obtain (hi	is list, is contained in the announcement or agency		
*The list of certifications and assurant  19. Authorized Representative  Prefix: *First Name:	nces, or an internet site wi	here you may obtain (hi Middle Name:	is list, is contained in the announcement or agency  * Last Name:	/ specific Instructions.  Suffix:	
** I agree  **The list of certifications and assurant  19. Authorized Representative  Prefix: **First Name:  Ms. Judith	nces, or an internet site wi	here you may obtain (hi Middle Name: R.	* Last Name:	Suffix:	
* The list of certifications and assurant services.  19. Authorized Representative Prefix: * First Name:  Ms. Judith  * Position/Title: Contract & Grant Contra	nces, or an internet site wi	here you may obtain (hi Middle Name: R.	is list, is contained in the announcement or agency  * Last Name:	Suffix:	
** I agree  **The list of certifications and assured  19. Authorized Representative  Prefix: **First Name:  Ms. Judith  ** Position/Title: Contract & Grant Contract  Department: Office of Contract	nces, or an internet site wi	Middle Name: R. Organization: Division:	* Last Name:	Suffix:	
**The list of certifications and assurant  19. Authorized Representative  Prefix: **First Name:  Ms. Judith  **Position/Title: Contract & Grant Contract & Gran	oces, or an internet site with the property of the Grants    A Grants   Code 0934	Middle Name: R. Organization: Division: Street2:	* Last Name:  Wheaton  The Regents of the University of California	Suffix:	
* The list of certifications and assured  19. Authorized Representative  Prefix: * First Name:  Ms. Judith  * Position/Title: Contract & Grant ( Department: Office of Contracts  * Streel1: 9500 Gilman Dr. N  * City: La Jolla, CA	oces, or an internet site with the property of the Grants    A Grants   Code 0934	Middle Name: R. Organization: Division:	* Last Name:	Suffix:	
* The list of certifications and assurant  19. Authorized Representative  Prefix: * First Name:  Ms. Judith  * Position/Title: Contract & Grant Contract  * Street1: 9500 Gilman Dr. M  * City: La Jolla, CA  * Country: USA	Officer  A Grants  Coul	Middle Name: R. Organization: Division: Street2: nty: San Diego	* Last Name:  Wheaton  The Regents of the University of California  * State: CA	Suffix: a; University of California, San Diego  * ZIP Code: 92093-0934	
* The list of certifications and assured  19. Authorized Representative  Prefix: * First Name:  Ms. Judith  * Position/Title: Contract & Grant ( Department: Office of Contracts  * Streel1: 9500 Gilman Dr. N  * City: La Jolla, CA	Officer  A Grants  Coul	Middle Name: R. Organization: Division: Street2:	* Last Name:  Wheaton  The Regents of the University of California  * State: CA	Suffix:	
* The list of certifications and assured  19. Authorized Representative  Prefix: * First Name:  Ms. Judith  * Position/Title: Contract & Grant Contracts  * Street1: 9500 Gilman Dr. M  * City: La Jolla, CA  * Country: USA  * Phone Number: 858-534-8832	Officer  a Grants  Coul	Middle Name: R.  Organization: Division: Street2: nty: San Diego Number: 858-534-	* Last Name:  Wheaton  The Regents of the University of California  * State: CA	Suffix:  a; University of California, San Diego  * ZIP Code: 92093-0934	

OMB Number: 4040-0001 Expiration Date: 04/30/2008

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBI	MITTED	Applicant Identifier
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State Application Identifier
1, TYPE OF SUBMISSION			
Pre-application	4. Federal Ide	entifier	
5. APPLICANT INFORMATION		Organizational Di	UNS: 1247267250000
* Legal Name: The Regents of the University of Califor	nia		
Department: ERSO	Division:	Contraction of the Contraction o	
* Street1: c/o Sponsored Projects Office	Street2:	RECEIVED	
* City: Berkelay Country: USA	unty: Alameda	MAR - 3 2006	* State: CA
Person to be contacted on matters involving this applica	ulon	STATE CLEARING HOU	SE
Prefix: * First Name:	Middle Name:	Reich	Name: Sumix:
Ms. Erin			p
* Phone Number: (510) 486-5160 F	ax Number: (51	0) 486-7364 E	mall: EERelche@lbl.gov
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICANT:	
946002123			status (other than Institution of Higher Education)
8. * TYPE OF APPLICATION: V New		Other (Specify):	Business Organization Type
Resubmission Renewal Continuation	Revision .	Women Owned	Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9, " NAME OF FEDERAL AGE	NCY:
A. Increase Award B. Decrease Award C. Inc	crease Duration	Chicago Service Center	
D. Decrease Duration . E. Other (specify):		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
* Is this application being submitted to other agencles?	Yes∏ No.	81.049	
What other Agencies?		TITLE: Office of Science Fina	ncial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	CT:		
Center for Computational Machine Intelligence and Syst	ems Science		
12. * AREAS AFFECTED BY PROJECT (cities, countle	os, statos, otc.)		
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTR	
* Start Date		a. * Applicant	b. * Project
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: *First Name:	R CONTACT INI Middle Name:		Name: Suffix:
Dr. Sosale	Shankara	Sastr	y )
Position/Title: Professor	* Organizati	on Name: The Regents of the U	niversity of California
Department: ERSO Division:			
* Street1: c/o Sponsored Projects Office	Street2:		
	unty: Alameda		* State: CA * ZIP Code: 94720-5940
* Phone Number: (510) 642-1857 F	ax Number: (51	0) 642-1800	mail: sastry@eecs.berkeley.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2008

SF 424 (R&R) APPLI	CATION FOR FEDERAL ASSIS	STANCE Pa	ge 2
16. ESTIMATED PRÖJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. * Total Eştimated Project Funding	2,304,115.00	A. YES ITHIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372	
b. * Total Federal & Non-Federal Funds	2,304,115.00	PROCESS FOR REVIEW ON:	
c. * Estimated Program Income	0.00	DATE: 3-3-2004.	
	þ	5. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR	
		PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
true, complete and accurate to t resulting terms if I accept an awa criminal, civil, or administrative	he best of my knowledge. I #I50   #rd. I am #ware that any false, fic penalties. (U.S. Code, Titlo 18, Sc	d in the list of certifications* and (2) that the statements herein are provide the required assurances * and agree to comply with any stitious, or fraudulent statements or claims may subject me to action 1001)  this list, is contained in the announcement or egency specific instructions.	
19. Authorized Representative Prefix: * First Name:	Middle Name:	* Last Name: Suff	flv:
Prefix: First Name:  Ms. Susan	IVIIdale Name.	Hedley Con	
* Position/Title: Acting Assistant Direct	ctor, Federal Agenci * Organization	The Regents of the University of California	
Department: Sponsored Projects O	office Division:		
* Street1: c/o Sponsored Project	s Office Street2;		
* City: Berkeley	County: Alameda	* State: CA * ZIP Code: 9472	20-5940
Country: USA			
⁷ Phone Number: (510) 642-8119	Fax Number: (510) 6	642-8236 * Email: shedley@berkeley.edu	
* Signature of Author Completed on submi	rized Representative (uses)	M. Hedley Date Signed 3-2-06 Completed on submission to Grants.gov	
20. Pre-application		Add Attachment   Deli 1 Aitachneoir   Maw Atta	selforer .

5106439980

APPLICATION FOR FEDERAL ASSISTANCE	MITTED Applicant Identifier	
	EIVED BY STATE State Application Identifier	
1. TYPE OF SUBMISSION 4. Federal (d	entifier	
Pre-application Application  [] Changed/Corrected Application		
5, APPLICANT INFORMATION	* Organizational DUNS: 1247267250000	
*Legal Name: The Regents of the University of California, Berkeley		
Department: Sponsored Projects Office Division:		
• Street1: 336 Sproul Hall Street2:	RECEIVED	
City: Berkeley County: Alameda	MAR 3 2008 State: CA ZIP Code: 94720-5940	
• Country: USA	WAN	
Person to be contacted on matters involving this application	STATE CLEARING HOUSE	
Prefix: * First Name: Middle Name:	tast Name: Sumx:	
Susan	Hedley	
^ Phone Number: (510) 642-8119 Fax Number: (5	510) 642-8236 Email: shedley@berkeley.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):	7. TYPE OF APPLICANT:	
946002123	F: State-Controlled Institution of Higher Education	
8. TYPE OF APPLICATION: V New	Other (Specify): Small Business Organization Type	
Resubmission Renewal Continuation Hevision	Women Owned Socially and Economically Disadvantaged	
If Revision, mark appropriate box(es).	9. * NAME OF FEDERAL AGENCY:	
A. Increase Award B. Decrease Award C Increase Duration	Chicago Service Center	
D. Decrease Duration E. Other (specify).	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:	
Is this application being submitted to other agencies? Yes No	81.049	
What other Agencies?	TITLE: Office of Science Financial Assistance Program	
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:		
Cerbon data assimilation and parameter estimations using Local Ensen	nble Transform Kalman Filler (LETKF)	
12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)  State, nation, globe		
13. PROPOSED PROJECT:	14. CONGRESSIONAL DISTRICTS OF:	
* Start Date	a. * Applicant b. * Project	
07/01/2006 06/30/2009	9th	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT IN	NFORMATION	
m		
Prefix: "First Name: Middle Name: Inez		
Inez	Fung	
Inez   Position/Title:   Professor   Organiza		
Inez   Position/Title:   Professor   Organiza	Fung	
Position/Title: Professor • Organiza  Department: Earth and Planetary Science Division:	Fung  The Regents of the University of California, Berkeley	
Inez   Position/Title:   Professor   Organiza	Fung  The Regents of the University of California, Berkeley	

OMB Number; 4040-0001

SF 424 (R&R) APPLI	CATION FOR FFDERAL ASSIS	TANCE	Page 2	
16. ESTIMATED PROJECT FUNDING		. • IS APPLICATION SUBJECT TO REVIEW BY ST ORDER 12372 PROCESS?	ATE EXECUTIVE	
. * Total Estimated Project Funding	750,003,0d	YES THIS PREAPPLICATION/APPLICATION V AVAILABLE TO THE STATE EXECUTIVE PROCESS FOR REVIEW ON:	VAS MADE ORDER 12972	
, * Total Federal & Non-Federal Funds	1	03/03/2006		
. * Estimated Program Income	0.00	NO PROGRAM IS NOT COVERED BY E.O. 1	2372; OR	
		PROGRAM HAS NOT BEEN SELECTED		
☑️ • I agree	penalties. (U.S. Code, Title 18, Sec g, or an internet site where you may obtain to	hia list, is contained in the announcement or agency specific i		
Prefix: First Name:	Middle Name:	* Last Name:	\$uffix:	
Susan		Hedley		
Position/Title: Assistant Director	* Organization:	The Regents of the University of California, Berkels	<del>з</del> у	
Department: Sponsored Projects (	Office Division:			
Street1: 336 Sproul Hall	Street2:			
City: Berkeley	County: Alameda	* State: CA	* ZIP Code: 94720-5940	
Country: USA				
* Phone Number: (510) 642-8119	Fax Number:	^ Email: shedley@berke	eley.edu	
•	orized Representative	* Date Signed Completed on submission to Gr	enta.gov	
20. Pre-application	-,-	Delete Atta	Sunce   View Affactmant.	

OMB Number: 4040-0001

MAR. 3.2006_ 1:02PMUCSD Ca	ontract & G	rant Admin. <u> </u>		3022—P. 2———
APPLICATION FOR FEDERAL ASSISTAN	2. DATE SUBM	IITTED	Ar nt identifie	<u> </u>
	03/03/2006			145
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application I	gentifier
1. * TYPE OF SUBMISSION	4. Federal Ide	ntifler		United the recommend
Pre-application  Application Changed/Corrected Application	1.1000101100	100.00		
		1 Organi	zatjonal DUNS: 8043557900000	)
5. APPLICANT INFORMATION Legal Name: The Regents of the University of California	mia University of (		zatjoliai botto.	
	Division:	Calloffia, San Diago		
Department: Office of Contracts & Grants  * Street1: 9500 Gilman Drivo MC 0934	Street2:	7. 1		
	unty:		* State: CA	ZIP Code: 92093-0934
* Country: USA				
Person to be contacted on metters involving this applic	ation			
Prefix: * First Name:	Middle Name:		* Last Name:	Suffix:
Judilh			Whealon	
• Phone Number: 858-534-8832	ax Number: 858	-534-0280	Email: [wheaton@ucso	d.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APP	LICANT:	
95-9006-144		F:	State-Controlled Institution of Hig	her Education
8. * TYPE OF APPLICATION: V New		Other (Specify):		
Resubmission Renewal Continuation	Revision	 ■ Women Ow⊓ed	Small Business Organization  Socially and	i Type i Economically Olsadvantaged
		9. * NAME OF FED		-
If Revision, mark appropriate box(ee).   A. Increase Award  B. Decreese Award  C. Ir	ncrease Duration	Chicago Service Ce		
☐ D. Decresse Duration ☐ E. Other (specify)			And the second s	ACE NUMBED:
* Is this application being submitted to other agencies?	Yes Not	10, CATALOG OF	FEDERAL DOMESTIC ASSISTAI	TOL HORDER
What other Agencies?	I Ca[ I HOM		cience Financial Assistance Prog	ram
	AT.		Б	CFIVED
11. * DESCRIPTIVE TITLE OF APPLICANTS PROJE Investigation of Cellulose Degrading Protein Machine vi		-Atom Simulations.		
12. * AREAS AFFECTED BY PROJECT (cities, count				IAR - 3 2016
United States	,		STATE	CLEADING
13. PROPOSED PROJECT:		14. CONGRESSIO	NAL DISTRICTS OF:	GLEARING HOUSE
* Start Date		a. * Applicant	b. * Project	
07/01/2006 06/30/2009		53	53	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO		FORMATION	• Last Name:	Suffix:
Prefix: * First Name: Amit	Middle Neme:		Majumdar	- Juliux:
Position/Title: Pl/Specialist	• Organization	on Name: The Reg	ents of the University of California,	University of California, San
Department: Office of Contracts & Grants	Division:		The second secon	
Street1: 9500 Gilman Drive MC 0934	Street2:			
* City: La Jolia C	ounly:		* State: CA	* ZIP Code: 92093-0934
• Country: USA				
Phone Number: 858-534-8356	Fax Number: 858	A-822-0883	* Email: mejumder@so	dec.edu

OMB Number: 4040-0001 Expiration Date: 04/30/2008

6. ESTIMATED PROJECT FUNDING	3	17.	IS APPLICATION SU ORDER 12372 PROCE	BJECT TO REVIEW BY ST SS?	TATE EXECUTIVE
Total Estimated Project Funding Total Federal & Non-Federal Funds Estimated Program Income	755,794.00 755,794.00 0.00		AVAILABLE TO PROCESS FO	PLICATION/APPLICATION OF THE STATE EXECUTIVE OR REVIEW ON:  NOT COVERED BY E.O. 10  AS NOT BEEN SELECTED	2372; OR
8. By signing this application, I ce true, complete and accurate to resulting terms if I accept an a criminal, civil, or administrativ	the best of my know ward. I am aware tha	viedge. I also pro' at anv false, fictiti	vide the required 255 lous, or fraudulent 5t	urances " and adree to c	ombiy with any
* I agree * The list of certifications and assurance	es, or an internet site wher	ra you may obtein this	ilst, is contained in the en	nouncement or agency specific	instructions.
* The list of certifications and assurance 9. Authorized Representative					
*The list of certifications and assurence 9. Authorized Representative refix: *First Name:		ra you may obtein this	•	nouncement or agency specific of the Last Name:	Suffix:
*The list of certifications and assurance  9. Authorized Representative  Prefix: *First Name:  Judith	Mi	iddle Name:	· · · · · · · · · · · · · · · · · · ·	Last Name: Vheaton	Suffix:
*The list of certifications and assurance  9. Authorized Representative  Prefix: *First Name:  Judith  Position/Title: Contracting Grant O	MI	ddle Name:	· · · · · · · · · · · · · · · · · · ·	Last Name:	Suffix:
*The list of certifications and assurence  9. Authorized Representative  Prefix: *First Name:  Judith  Position/Title: Contracting Grant Office of Contracts	Mi fficer & Grants	oddle Name:  * Organization:  Division:	· · · · · · · · · · · · · · · · · · ·	Last Name: Vheaton	Suffix:
*The list of certifications and assurence  9. Authorized Representative  Prefix: First Name:  Judith  Position/Title: Contracting Grant O  Department: Office of Contracts  Street1: 9500 Gilman Drive	Mi fficer & Grants	oddle Name:  * Organization:  Division:  Street2:	· · · · · · · · · · · · · · · · · · ·	Last Name: Vheaton	Suffix:
9. Authorized Representative Prefix: First Name:  Judith  Position/Title: Contracting Grant Or Department: Office of Contracts  Street1: 9500 Gilman Drive  City: La Jolia	Miles	oddle Name:  * Organization:  Division:  Street2:	· · · · · · · · · · · · · · · · · · ·	Last Name: Vheaton	Suffix:
*The list of certifications and assurence  9. Authorized Representative  Prefix: First Name:  Judith  Position/Title: Contracting Grant O  Department: Office of Contracts  Street1: 9500 Gliman Drive  City: La Jolia  Country: USA	fficer & Grants MC 0934 Count	oddle Name:  * Organization:  Division:  Street2:	· · · · · · · · · · · · · · · · · · ·	Last Name: Vheaton	Suffix:  Sity of California, San Diego ZIP Code: 92093-0934
9. Authorized Representative Prefix: First Name: Judith Position/Title: Contracting Grant Office of Contracts Street1: 9500 Gilman Drive City: La Jolia Phone Number: 858-534-8832	fficer & Grants MC 0934  Count	oddle Name:  * Organization:  Division:  Street2:  Street2:	· · · · · · · · · · · · · · · · · · ·	Last Name: Vheaton Iversity of California, Univer  * State: CA  * Email: [wheaton@ucs	Suffix:  Sity of California, San Diego ZIP Code: 92093-0934
"The list of certifications and assurance 18. Authorized Representative Prefix: "First Name: Judith Position/Title: Contracting Grant Office of Contracts Street1: 9500 Gilman Drive City: La Jolla Country: USA Phone Number: 858-534-8832  *Signature of Authorized	fficer & Grants MC 0934 Count Fex N	oddle Name:  Organization:  Division:  Street2:  Street2:	The Regents of the Un	Last Name: Vheaton Iversity of California, Univer	Suffix:  slty of California, San Diegr  * ZIP Code: 92093-0934
"The list of certifications and assurance 18. Authorized Representative Prefix: "First Name: Judith Position/Title: Contracting Grant Office of Contracts Street1: 9500 Gilman Drive City: La Jolla Country: USA Phone Number: 858-534-8832  *Signature of Authorized	fficer & Grants MC 0934  Count	oddle Name:  Organization:  Division:  Street2:  Street2:	The Regents of the Un	Last Name: Vheaton  Iversity of California, Univer  * State: CA  * Email: [wheaton@ucs	Suffix:  slty of California, San Diegr  * ZIP Code: 92093-0934

MAR. 3. 2006_12:49PMUCSD	contract & G	irant Admin. — '-	NO. 3020 P. 2
ACCIOTANO	2. DATE SUBMIT	TED	App tidentifier
PPLICATION FOR FEDERAL ASSISTANCL		ED DV STATE	State Application Identifier
SF 424 (R&R)	3. DATE RECEIV	ED BY SIAIC	
. * TYPE OF SUBMISSION	4, Federal Ident	lifler	
Pre-application Application			
Changed/Corrected Application		* Organization	nal DUNS: 8043557900000
S. APPLICANT INFORMATION  Legal Name: The Regents of the University of California (Control	armia University of C		
	Division:		
Department: Office of Contract & Grants	Street2:		
Street1: 9500 Gliman Drive MC 0934	ounty:		* State: CA * ZIP Code: 92093-0934
City: La Jona	ouris.		
Country: USA	·		
Person to be contacted on matters involving this appli	ication Middle Name:		* Last Name: Suffix:
Prefix: * First Name:  Judith			Wheaton
* Phone Number: 858-534-6832	Fax Number: 858-	-534-0280	Emall: jwheaton@ucsd.edu
	1	7. * TYPE OF APPLICA	NT:
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):			e-Controlled Institution of Higher Education
95-6006-144		Other (Specify):	
B. • TYPE OF APPLICATION: Wew			Small Business Organization Type  Socially and Economically Disadventaged
Resubmission Renewal Continuation	Revision	Women Owned	B Socially and Economically State Company
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGENCY:
A. Increase Award	, Increase Duration	Chicago Service Center	
D. Decrease Duration E. Other (specify)		10. CATALOG OF FED	ERAL DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencie	as? Yes No	81.049	
What other Agencies?		TITLE: Office of Scien	nce Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PRO	JECT:		RECEIVED
The Data Gateways Institute-A SciDAC Enabling Te	chonoligies Institute	A P 1	MAR
12. * AREAS AFFECTED BY PROJECT (cities, cou	untles, states, etc.)		<b>1</b>
San Diego, California			STATE CLEARING HOUSE
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRICTS OF:
* Start Date		e. * Applicant	53
0770 17200			
15, PROJECT DIRECTOR/PRINCIPAL INVESTIGA	ATOR CONTACT IN Middle Name:	FORMATION	*Last Name: Suffix:
Prefix: * First Name:	MIGGIO (4011101		Balac
Prefix: * First Name; Natasha			
		tion Name: The Regents	of the University of California, University of California, San
Natasha		tion Name: The Regents	
Natasha Position/Title: PI/Programmer Analyst	• Organizat	tion Name: The Regents	of the University of California, University of California, San
Natasha Position/Title: Pl/Programmer Analyst Department: Office of Contract & Grants	▼ Organizat	tion Name: The Regents	
Position/Title: PI/Programmer Analyst  Department: Office of Contract & Grants  * Street1: 9500 Gilman Drive MC 0934	Organizat Division: Street2:	tion Name: The Regents	of the University of California, University of California, San

SF 424 (R&R) APPLICAT	ION . FEDERAL ASSISTANC	Page 2
6, ESTIMATED PROJECT FUNDING	17. • 15 /	APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ER 12372 PROCESS?
* Total Federal & Non-Federal Funds 1,0  * Estimated Program Income 0.0	99,523.00 00 DATE: b. NO	THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  03/06/2006  PROGRAM IS NOT COVERED BY E.O. 12372; OR  PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
true, complete and accurate to the resulting terms if I accept an award criminal, civil, or administrative pe	cest of my knowledge. I also provide i am aware that any false, fictitious	e list of certifications* and (2) that the statements herein are the required assurances * and agree to comply with any , or fraudulent statements or claims may subject me to 1001)
		is contained in the announcement or agency specific instructions.
* The list of certifications and assurances, or 9. Authorized Representative		is contained in the announcement or agency specific instructions.  * Last Name: Suffix:
*The list of certifications and assurances, or 3. Authorized Representative	an Internet site where you may obtain this list.  Middle Name:	s contained in the announcement or agency specific instructions.  * Last Name: Suffix:
The list of certifications and assurances, or  Authorized Representative reflx: First Name:  Judith	an Internat site where you may obtain this list,  Middle Name:	is contained in the announcement or agency specific instructions.  * Last Name: Suffix:
The list of certifications and assurances, or  Authorized Representative reflx: First Name:  Judith  Position/Title: Contracting Grant Officer	Middle Name:  * Organization:	s contained in the announcement or agency specific instructions.  * Last Name: Suffix:
*The list of certifications and assurances, or  9. Authorized Representative reflx: *First Name:  Judith  Position/Title: Contracting Grant Officer repartment: Office of Contract & Grant	Middle Name:  Organization: The	* Last Name: Suffix: Wheaton Regents of the University of California, San Dleg
*The list of certifications and assurances, or  9. Authorized Representative reflx: *First Name:  Judith  Position/Title: Contracting Grant Officer Department: Office of Contract & Grant Street1: 9500 Gilman Drive MC 0	Middle Name:  Organization: The	s contained in the announcement or agency specific instructions.  * Last Name: Suffix:
*The list of certifications and assurances, or  9. Authorized Representative Prefix: *First Name:  Judith  Position/Title: Contracting Grant Officer Department: Office of Contract & Grant Street1: 9500 Gilmen Drive MC 0	Middle Name:  Organization: The Division:  934  Street2:	* Last Name: Suffix: Wheaton  Regents of the University of California, University of California, San Dieg
*The list of certifications and assurances, or  9. Authorized Representative  Prefix: *First Name:  Judith  Position/Title: Contracting Grant Officer  Department: Office of Contract & Grant  Street1: 9500 Gilmen Drive MC 0  City: La Jolla  Country: USA	Middle Name:  "Organization: The Division:  Street2:	* Last Name: Suffix:  Wheaton  Regents of the University of California, University of California, San Dieg  * State: CA  * ZIP Code: 92093-0934
*The list of certifications and assurances, or  9. Authorized Representative Prefix: *First Name:  Judith  Position/Title: Contracting Grant Officer Department: Office of Contract & Grant Street1: 9500 Gilmen Drive MC 0  City: La Jolla  Country: USA  Phone Number: 858-534-8832	Middle Name:  Organization: The Division:  County:  Fax Number: 858-534-028	* Last Name: Suffix:  Wheaton  Regents of the University of California, University of California, San Dieg  * State: CA * ZIP Code: 92093-0934
*The list of certifications and assurances, or  9. Authorized Representative Prefix: *First Name: Judith  Position/Title: Contracting Grant Officer Department: Office of Contract & Grant Street1: 9500 Gilmen Drive MC 0  City: La Jolla  Country: USA  Phone Number: 858-534-8832  *Signature of Authorize	Middle Name:  Organization: The Division:  County:  Fax Number: 858-534-028	* Last Name: Suffix:  Wheaton  Regents of the University of California, University of California, San Dieg  * State: CA * ZIP Code: 92093-0934  Date Signed
The list of certifications and assurances, or  19. Authorized Representative  Prefix: First Name:  Judith  Position/Title: Contracting Grant Officer  Department: Office of Contract & Grant  Street1: 9500 Gilmen Drive MC 0  City: La Jolla  Country: USA  Phone Number: 858-534-8832	Middle Name:  Organization: The Division:  County:  Fax Number: 858-534-028	* Last Name: Suffix:  Wheaton  Regents of the University of California, University of California, San Dieg  * State: CA * ZIP Code: 92093-0934

PPLICATION FOR FEDERAL ASSISTANCE	3. DATE SUBMI	TTED	Applic dentifier
	3, DATE RECEIV	/ED BY STATE	State Application Identifier
SF 424 (R&R)	3, DATE REGER	, LD DT GTALL	
• TYPE OF SUBMISSION	4. Federal Iden	tifler	
Pre-application  Application			
Changed/Corrected Application			al DUNS: 8043557900000
APPLICANT INFORMATION		* Organization	al Duns. 0045557650000
Legal Name: The Regents of the University of California		alitornia, San Diego	
epartment: Office of Contract & Grant Adm	Division:		
Street1: 9500 Gilman Drive		ilcode 0934	- TIP 0-4 [02002 0024]
City: La Jolla Co	unty: San Diego		- State: CA * ZIP Code: 92093-0934
Country: USA		RECEIV	
erson to be contacted on matters involving this applic	alion	MAR - 3 2	2006
refix: * First Name:	Middle Name:		Last Name: Suffix:
1s. Judith		STATE CLEARIN	Wisaton I I I I I I I I I I I I I I I I I I I
Phone Number:   858 534-8832	Fax Number: 858	584-02BO	Email: wheaton@ucsd.edu
. • EMPLOYER IDENTIFICATION (EIN) or (TIN):		7, " TYPE OF APPLICAN	IT:
95-6006-144			P; Other (specify)
		Other (Specify): Public, No	inprofit, Educational institution
A. * TYPE OF APPLICATION: V New		L	Small Business Organization Type
Resubmission Renewal Continuation	Revision	Momen Owned	Socially and Economically Disadvantag
f Revision, mark appropriate box(es).		9, * NAME OF FEDERAL	AGENCY:
A. Increasa Award 📵 B. Decreasa Award 📵 C. I	ncrease Duration	Chicago Service Center	
D. Decrease Duration @ E. Other (specify)		10. CATALOG OF FEDE	RAL DOMESTIC ASSISTANCE NUMBER:
' Is this application being submitted to other agencies	? Yes∏ No[✓]	61.049	
What other Agencies?		TITLE: Office of Science	e Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJI TOWARDS OPTIMAL PETASCALE SIMUATIONS	501:		7
	41		and the f
12. * AREAS AFFECTED BY PROJECT (chies, counts San Diego County	nes, states, etc.)		
		14. CONGRESSIONAL	DISTRICTS OF
13. PROPOSED PROJECT:  Start Date  * Ending Date		a. * Applicant	b. * Project
07/01/2006 06/30/2011		63	63
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGAT	OR CONTACT IN	ORMATION	
Prefix: * First Name:	Middle Name:		* Last Name: Suffix:
Dr. Daniel			Reynolds
Position/Title: Postgraduate Scholar	* Organizati	on Name: The Regents of	of the University of California, University of California, Sar
Department of Mathematics	Division:	General Camp	ous .
Street1: 9500 Gilman Drive	Street2:	Mallcode 0112	2
* City: La Jolla	County: San Diego	)	* State: CA * ZIP Code: 92093-0112
	L		
* Country: USA			

6. ESTIMATED PROJECT FUN	DING	17.	* IS APPLICATION S ORDER 12372 PROC	UBJECT TO REVIEW   ESS?	BY STATE EXECUTIVE
* Total Estimated Project Fundir * Total Federal & Non-Federal F * Estimated Program Income	415,186.00 0.00	DA b. N	AVAILABLE PROCESS F  ATE: 03/06/2000  PROGRAM PROGRAM REVIEW	***************************************	E.O. 12372; OR CTED BY STATE FOR
8.By signing this application, true, complete and accurat resulting terms if I accept :	e to the best of my Kn an award. I am aware i	that any false, fictif	lous, or fraudulent:	ssurances * and agree etatements or claims	e to comply with any may subject me to
resulting terms if I accept a criminal, civil, or administration of the control o	ative penalties. (U.S.	Code, 11816 16, 360	tion ruot)		
criminal, civil, or administi	rative penalties. (U.S.	where you may obtain this	tion ruot)	announcement or agency a	
criminal, civil, or administration of a agree  *The list of cordifications and asset  19. Authorized Representative  Prefix:  *First Name:	rative penalties. (U.S.	Code, 11816 16, 360	tion ruot)		pecific instructions.
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criminal, civil, or administration of a large and assets and assets.  19. Authorized Representative Prefix: First Name:  Miss Judith  Position/Title: Contract and G Department: Office of Contract and G Street1: 9500 Gilman Dr  City: La Jolia	rant Officer act & Grant Adm	where you may obtain this  Middle Name:  * Organization:  Division:	The Regents of the l	* Last Name:  Wheaton University of Callfornia;	Suffix: University of California, San Die
riminal, civil, or administration of a service of contract and Grant of Contract and Gra	rant Officer act & Grant Adm	where you may obtain this  Middle Name:  Organization:  Division:  Street2:	The Regents of the Malicode 0934	* Last Name:  Wheaton  Iniversity of Callfornia;  State: CA	Suffix: University of California, San Die

APPLICATION FOR FEDERAL ASSISTANCE			_	App	/ Identi	Ifler
<u> </u>	3/06/2006		,	UCSD	#2008-264	13
SF 424 (R&R)	DATE RECE	IVED BY STATE State Application Identifier		on Identifier		
1. * TYPE OF SUBMISSION						
Pre-application Application 4. Federal Id				1		
Changed/Corrected Application				]		
5. APPLICANT INFORMATION			* Organization	al DUNS: 8	043557900	000
* Legal Name: The Regents of the University of California, L		alifornia,	San Diego			, Mari
Department: Office of Contract/Grants	Division:		an journ F1	4	1	
* Street1: 9500 Gliman Dr 0934	Street2:		<u> BECLI</u>	VEU		
	San Diego		MAR - 3	* State:   2006	CA	* ZIP Code: 92093
* Country: USA			WAN	2.000		
Person to be contacted on matters involving this application		st	ATE CLEARIN	NG HOUSE		
Prefix; *First Name: Mid	idle Name:		A STATE OF THE PARTY OF THE PAR	Last Name: ingo		Suffix:
	lumber: 858	-534-5354				
	Tomber, Lasa			Emall: rili	IIBO@acea	.000
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYP	E OF APPLICAN			
1956006144				Controlled Inst	litution of F	figher Education
8. TYPE OF APPLICATION: V New		Other (Spe		Smail Business	. Organizat	ion Tuma
Resubmission Renewal Continuation Revis	sion	■ Wome	on Owned			and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAM	E OF FEDERAL	AGENCY:		
☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increas	se Duretion	Chicago	Service Center			
D. Decrease Duration @ E. Other (specify)		10. CAT	ALOG OF FEDER	RAL DOMESTI	C ASSIST	ANCE NUMBER:
s is this application being submitted to other agencies? Yes	s[] No		81.049		<b>4</b> N	
What other Agencies?		TITLE:	Office of Science	Financial Ass	Istance Pro	ogram
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:				· ·		"
Framework Application for Core-Edge Transport Simulation	(FACETS)					
12. AREAS AFFECTED BY PROJECT (cities, countles, si	letes, etc.)					
San Diego, CA						
13. PROPOSED PROJECT:		14. CON	GRESSIONAL DI	STRICTS OF:		
* Start Date * Ending Date   07/01/2006   06/30/2011		a. * Appl	cant		b. * Proje	ct
		53			53	7411
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CO Prefix: * First Name: Mid	DNTACT INFO	DRMATIO		Last Name;		A. (C.
Mr. Sergel	TOTO INGINE.			rasheninnikov		Suffix;
Position/Title: Professor	* Organizetio	n Name:	The Regents of t	he Unversity o	f California	, University of California, San
Department: Office of Contract/Grants	Division:			,		
• Street1: 9500 Gilman Dr 0934	Street2:		2	.,*		
	San Diego			* State:	CA	* ZIP Code: 92093
* Country: USA						
* Phone Number;   858-822-3478   Fax Nu	umber: 858-	534-5954		* Email: sk	raeh@ma	e.ucsd.edu

SF 424 (R&R) APPLI		ISTANCE	Page 2
6. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW I ORDER 12372 PROCESS?	BY STATE EXECUTIVE
. * Total Estimated Project Funding	515,513.00	a. YES  THIS PREAPPLICATION/APPLICAT AVAILABLE TO THE STATE EXECUPROCESS FOR REVIEW ON:	
. * Total Federal & Non-Federal Funds . * Estimated Program Income	0.00	DATE: (03/06/2006	$\neg$
Estimated Program income	0.00	b. NO PROGRAM IS NOT COVERED BY	J E.O. 12372; OR
	·	PROGRAM HAS NOT BEEN SELECTION	
criminal, civil, or administrative	penalties, (U.S. Code, Title 18,	Section 1001)	
	, or an Internet site where you may obtail	n this list, is contained in the announcement or agency spe	ecific instructions.
*The list of certifications and assurances  9. Authorized Representative	, or an Internet site where you may obtain Middle Name:	n this list, is contained in the announcement or agency spe Last Name:	Suffix:
*The list of certifications and assurances  9. Authorized Representative refix: *First Name:			
*The list of certifications and assurances  9. Authorized Representative refix: *First Name; Irs. Judith	Middle Name:	* Last Name:	Suffix:
* The list of certifications and assurances  9. Authorized Representative reflx: * First Name; frs. Judith  Fosition/Title: Contract and Grant Of	Middle Name:	* Last Name:	Suffix:
* The list of certifications and assurances  9. Authorized Representative refix: * First Name:  frs. Judith  Position/Title: Contract and Grant Of repartment: Office of Contracts and	Middle Name:  ficer * Organization d Grants Division;	* Last Name:	Suffix:
* The list of certifications and assurances  9. Authorized Representative  refix: * First Name:  frs. Judith  Position/Title: Contract and Grant Of  pepartment: Office of Contracts an  Street1: 9500 Gliman Dr 093	Middle Name:  ficer * Organization  d Grants Division;	Last Name: Wheaton  The Regents of the University of California, Un	Suffix:
*The list of certifications and assurances  9. Authorized Representative refix: *First Name: firs. Judith  Position/Title: Contract and Grant Of repartment: Office of Contracts an Street1: 9500 Gliman Dr 093  City: La Jolia	Middle Name:  ficer * Organization d Grants Division; 4 Streat2:	Last Name: Wheaton  The Regents of the University of California, Un	Suffix:  Suffix:  Suffix:
*The list of certifications and assurances  9. Authorized Representative refix: *First Name; rs. Judith  Position/Title: Contract and Grant Office of Contracts and Street1: 9500 Gliman Dr 093  City: La Jolia  Country: USA	Middle Name:  ficer * Organization d Grants Division; 4 Streat2:	Last Name: Wheaton  The Regents of the University of California, University of California	Suffix:  Suffix:  Niversity of California, San Diego  * ZIP Code: 92093
*The list of certifications and assurances  19. Authorized Representative  Prefix: *First Name:  Mrs. Judith  Position/Title: Contract and Grant Of  Department: Office of Contracts an  Street1: 9500 Gliman Dr 093  City: La Jolia	Middle Name:  ficer * Organization d Grants Division: 14 Streat2:  County: San Diego  Fax Number: 858-4	Last Name:  Wheaton  The Regents of the University of Californie, University of Californie	Suffix:  niversity of California, San Diego  * ZIP Code: 92093

OMB Number: 4040-0001 Expiration Date: 04/30/2008

APPLICATION FOR						Version 7/0
FEDERAL ASSISTANCE	CE		2. DATE SUBMITTE	D	Applicant Ide	ntifier
1. TYPE OF SUBMISSION:			February 24, 2006  3. DATE RECEIVED	RY STATE	State Applica	tion Identifier
Application	Pre-ap	plication	C. DATE RESERVED	DI GIA LE	Ciate / Opinea	Mon Identifier
☐ Construction	-	struction	4. DATE RECEIVED	BY FEDERAL AGENC	Y Federal Ident	lifier
Non-Construction	1					
5. APPLICANT INFORMATION	DN	-Construction	1			
Legal Name:		- 0/		Organizational U	nit;	
Richard Molinar		SON HO	<u> </u>	Department:	iversity of Californ	in .
Organizational DUNS:				Regents of the Un	iversity of Californ	Jid
60-459-1925		·		UC Cooperative E	xtension	
Address:			Parasis B N. U Dellana			erson to be contacted on matters
Street:		KEC	EIVED	involving this ap	First Name:	ea code)
1720 S. Maple Ave			THE PERSON NAMED OF THE PE	T TOTAL.	Richard	
City: Fresno		MAR	<b>3</b> 2006	Middle Name H.		
County:				Last Name	er parameter er av flavett savilanssanssanssanstat i et	
Fresno		OTATE OLD		Molinar		
State: CA	Zip Cor 93702	BIATE CEE	ARING HOUSE	Suffix:		
Country:	33102	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, NAMED IN	E CONTRACTOR CONTRACTO	Email:		
USA				rhmolinar@ucdav		
6. EMPLOYER IDENTIFICAT	10N NUME	BER <i>(EIN</i> ):		Phone Number (gr	re area code)	Fax Number (give area code)
94-603649	4			559-456-7555		559-456-7575
8. TYPE OF APPLICATION:	<del></del>			7. TYPE OF APPL	ICANT: (See bac	k of form for Application Types)
₽Z N	ew [	Continuation	n Revision	1.		
f Revision, enter appropriate le				ı		
See back of form for description	on or letters	s.)		Other (specify)		
Other (specify)				9. NAME OF FED		a a managa kan-ababan ka 1870 a baban 1881 a baban 1880 a baban kanaga kana a Panganak kanaga kana a basan man
				USDA Rural Deve		
10. CATALOG OF FEDERAL	. DOMEST	IC ASSISTANC	E NUMBER:			CANT'S PROJECT:
						Cooling options for Specialty e Farming Enterprises in the San
TITLE (Name of Program): USDA-RD Rural Business En	i O-					rategies for Those Crops
12. AREAS AFFECTED BY P			States etc.)			·
San Joaquin Valley -Fresno, M	•	•	• •			
	VIAUCIA, IVIC	siced, Tutale Co	unites, Cally.	44 CONCRESSIO	NAL DISTRICTS	OE:
13. PROPOSED PROJECT Start Date:	Endin	g Date:		a. Applicant	NAL DISTRICTS	b. Project
Jume 1, 2006		31, 2007		18		18, 19
15. ESTIMATED FUNDING:	<del>-</del>					REVIEW BY STATE EXECUTIVE
a. Federal	\$			ORDER 12372 PRO		N/APPLICATION WAS MADE
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in-kind c. State	s.		11,200	DATE:	February 27, 200	06
			ao		•	
d. Local	\$		, do	b. No. 🔲 PROG	RAM IS NOT COV	/ERED BY E. O. 12372
e. Other	\$		. 90	C OR PR	OGRAM HAS NO	T BEEN SELECTED BY STATE
			bu -		EVIEW	
f. Program Income	\$			17. IS THE APPLIC	ANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL	\$		GO GO	Yes If "Yes" att	ah an aynlanatiar	n. 📈 No
10 TO THE BOOK OF 10/1/11	0140 ED01	- 4410 051 /55	86,260	ľ	•	
18. TO THE BEST OF MY KN	Y AUTHOR	RIZED BY THE (	SOVERNING BODY O	F THE APPLICANT A	ID THE APPLICA	INT WILL COMPLY WITH THE
TTACHED ASSURANCES IF						
a. Authorized Representative Prefix	First Na	me		Mid	lle Name	
TOTA	Carol					
Last Name Berman				Suff	x	
. Title				c. To	elephone Number	(give area code)
University of California Contra				510	-987-0050	
. Signature of Authorized Rep	resentative			e. D	ate Signed	
havious Edition Hookla						Standard Form 424 (Rev 9-2003)

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR	1				Version 7/
FEDERAL ASSISTANCE	<b>i</b> '	2. DATE SUBMITTED	Feb-28-2006		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B		State Applica	ation Identifier
Construction	Construction	4. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Iden	ntifier
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:		N.			
City of Gridley	<i>расменания</i> оператору в при		Organizational Unit: Department:		
Organizational DUNS:		CEN/ED	City Ma	anager	
04047778	88	ULIVLI	Division:		
Address: Street:	MAI	R 3 2006	Name and telephone involving this application	number of p	person to be contacted on matters
685 Kentucky Street			Prefix:	First Name:	
City: Gridley	STATEC	CLEARING HOUSE	Mr. Middle Name		John
County:	The state of the s	economic companyo de primario de la productiva de la companyo del companyo de la companyo de la companyo del companyo de la companyo del companyo de la companyo de la companyo de la companyo del companyo de la companyo del companyo de la companyo	W. Last Name		
Butte	7-0-1-		Slota		
CA	Zip Code 95948		Suffix:		
Country: USA			Email: jslota@gridley.	ca lis	¥
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		Phone Number (give an		Fax Number (give area code)
94-6000344	1		530-846-4675		530-846-3228
8. TYPE OF APPLICATION:			7. TYPE OF APPLICA	NT: (See bac	ck of form for Application Types)
If Revision, enter appropriate lette	Continuation	n Revision	Municipal		•• ••
(See back of form for description of	of letters.)	F	Other (specify)		
Other (specify)		Ц			
, , , , , , , , , , , , , , , , , , ,			9. NAME OF FEDERA	L AGENCY:	USDA Rural Development
10. CATALOG OF FEDERAL DO	OMESTIC ASSISTANCE	E NUMBER:	11. DESCRIPTIVE TIT	LE OF APPLI	ICANT'S PROJECT:
		1 0 - 7 6 9	Small and Emerging B		
TITLE (Name of Program):	l Business Enterprise Gra	toward bosond			•
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties,	States, etc.):	$\dashv$		
Gridley, CA	•	. ,			
13. PROPOSED PROJECT			14. CONGRESSIONAL	L DISTRICTS	OF:
Start Date: July 2006	Ending Date: June 200	.07	a. Applicant		b. Project
15. ESTIMATED FUNDING:	Julio Zot	J/	02	SUBJECT TO	REVIEW BY STATE EXECUTIVE
a. Federal s		00	ORDER 12372 PROCE	SS?	
<b>*</b>		92,000	a. Yes. Z THIS PREA	APPLICATION F TO THE STA	NAPPLICATION WAS MADE ATE EXECUTIVE ORDER 12372
b. Applicant \$		25,000 ·	PROCESS	FOR REVIEW	V ON
c. State \$		. 00	DATE:		
d. Local \$		25,000	b. No. 🗍 PROGRAM	1 IS NOT COV	ERED BY E. O. 12372
e. Other \$		00	J. No. 11.11		T BEEN SELECTED BY STATE
f. Program Income \$		8,100	FOR REVIE	EW	NT ON ANY FEDERAL DEBT?
			17. 18 THE AFFEIDAR	I DEFINGOE	ALON WAS LEDEKAL DERIS
		150,000	Yes If "Yes" attach a	an explanation.	. 🛭 🖸 No
18. TO THE BEST OF MY KNOW	LEDGE AND BELIEF, A	ALL DATA IN THIS APP	PI ICATION/PREADDLICA	ATION ARE T	DUE AND CODDECT. THE
ATTACHED ASSURANCES IF TH	U I NUKIZED BY THE G	OVERNING RODY OF	THE APPLICANT AND T	HE APPLICAN	NT WILL COMPLY WITH THE
a. Authorized Representative	-irst Name		Date M		
	John		Middle Na	lame W.	
ast Name Slota			Suffix	***************************************	
. Title City Manager			c. Teleph	one Number (	
. Signature of Authorized Represe			e. Date S	Signed	530-846-4675
Jan W. A	wa		J. Zulo G	3-1	1-06

Dynamic Meshing Institute

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Berkeley, Alameda, California

13. PROPOSED PROJECT:

* Start Date

* Ending Date

10/01/2006

109/30/2011

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant

b. * Project

9th

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION * First Name: Middle Name: * Last Name: Suffix: Jonathan Shewchuk Position/Title: Associate Professor * Organization Name: University of California, Berkeley Department: EECS Division: Computer Sciences - Street1: 625 Soda Hall Street2: - City: Berkeley County: Alameda ' State: CA " ZIP Code: 94720-1776

Fax Number: 510-642-3962

* Country:

* Phone Number: 510-642-3936

OMB Number: 4040-0001

Expiration Date: 04/30/2008

* Email: [rs@cs.berkeley.edu

20. Pre-application Shewchuk_PreApplication Letter.doc

SF 424	(R&R) APPLI	CATION   FEDERAL AS	SSISTANCE	<u> </u>	Page 2		
16. ESTIMATED	ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
1. * Total Estimati	stimated Project Funding 600,000.00		a. YES (7) THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372				
). Total Federal	& Non-Federal Funds	0.00		PROCESS FOR REVIEW ON:			
c. * Estimated Pro	ogram Income	0.00	DATE: 03/03/2006				
		1 .	b. NO T PROGRAM	IS NOT COVERED BY E	.O. 12372; OR		
			PROGRAM REVIEW	HAS NOT BEEN SELEC	TED BY STATE FOR		
19. Authorized	rtifications and assurances, Representative	s, or an Internet site where you may ob Middle Name:		announcement or agency speci	RECEIVED		
	nathan	Introduction		Shewchuk	MAR + 3 2006		
Position/Title:	Associate Professor	il • Organiz	ation: University of Califor	nia, Berkeley	2.000		
Department:	EECS	Division:			STATE CLEARING HOUSE		
* Street1:	625 Soda Hall	Street2:			CONTROL OF THE PROPERTY OF THE		
City: Berkele	ey	County; Alamed	8	* State: CA	* ZIP Code: 94720-1776		
Country:	USA						
- Phone Numbe	r: 51 <b>0-642-396</b> 9	Fax Number: 51	10-642-8236	Email: jrs@cs.ber	keley.edu		
	" Signature of Aliton	Maga Papresentative		• Date Signed			

OMB Number: 4040-0001

Expiration Date: 04/30/2008

Dalete Altarifment Wiew Atlactiment

Pre-application 5. APPLICANT INFORMATION * Legal Name: University of California, Berkeley Department: * Street1: City: Berkeley Country: Person to be contacted on matters involving this application Prefix: * Phone Number: :510-642-8119 6, * EMPLOYER IDENTIFICATION (EIN) or (TIN): 8. TYPE OF APPLICATION: V New Resubmission | Renewal | Continuation [ Revision If Revision, mark appropriate box(es). A. Increase Award | 8. Decrease Award | C. Increase Duration D. Decrease Duration E. Other (specify) ■ Is this application being submitted to other agencies? Yes No What other Agencies? 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Towards Optimal Petascale Simulations (in collaboration with Columbia University) 12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) Berkeley, Alameda, California 13. PROPOSED PROJECT: 14. CONGRESSIONAL DISTRICTS OF: * Start Date * Ending Date a. " Applicant b. * Project 07/01/2006 06/30/2011 US-All 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION * First Name: Middle Name: " Last Name: Suffix: James Demmel Position/Title: Professor * Organization Name: University of California, Berkeley Department; Sponsored Projects Office Division: * Street1: 336 Sproul Hall Street2: City: Berkeley County: Alameda * ZIP Code: 94720-1776 State: CA * Country: 7 Phone Number: 510-643-5386 Fax Number: |510-642-3962 * Email: demmel@eecs.berkeley.edu

OMB Number: 4040-0001

COMPUTER SCIENCE

P.02

SF 424 (R&R) APPLI	CATION FL FEDERAL ASSI	STANCE	Page 2
16. ESTIMATED PROJECT FUNDING		17. IS APPLICATION SUBJECT TO REVIEW B ORDER 12372 PROCESS?	Y STATE EXECUTIVE
a. * Total Estimated Project Funding	800,758.00	a. YES ▼ THIS PREAPPLICATION/APPLICATI AVAILABLE TO THE STATE EXECUT PROCESS FOR REVIEW ON:	
b. Total Federal & Non-Federal Funds	0.00		
c. Estimated Program Income	0.00	DATE: 03/03/2006	
	l t	b. NO PROGRAM IS NOT COVERED BY E	O. 12372; OR
		PROGRAM HAS NOT BEEN SELEC REVIEW	TED BY STATE FOR
✓ 1 agree  * The list of certifications and assurances  19. Authorized Representative	, or an internet site where you may obtain	this list, is contained in the announcement or agency spac	Mc Instructions.
Prefix: * First Name:	Middle Name:	* Last Name:	Suffix:
James		Demmal	
* Position/Title:   Professor	* Organization		
Department: EECS	Division:		
* Street1: 737 Sode Hall	Street2:		
* City: Berkeley	County: Alameda	* State: CA	*ZIP Code: 94720-1776
*Country: USA			
Phone Number: 510-642-8119	Fax Number: 510-6	42-8236	perkeley.edu
J		3 March OG - Date Signer	
Completed on subm	rized Representative	Completed on submission t	
Completed the audit	account distriction	Complete 2.1 Submittation (	
20. Pre-application		Acd Anachmera	

OMB Number: 4040-0001

OMB Approval No. 0348-0043 Applicant Identifier 2. DATE SUBMITTED **APPLICATION FOR** February 27, 2006 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE TYPE OF SUBMISSION: MAR - 3 2006Application Preapplication ☐ Construction □ Construction 4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier ■ Non-Construction □ Non-Construction STATE CLEARING HOUSE 5. APPLICANT INFORMATION Organizational Unit: Legal Name: Port of Oakland Port of Oakland Acting by and through its Board of Port RECEIVED Commissioners Address (give city, county, state, and zip code) Name and telephone number of the person to be contracted on matters involving MAR - 3 2006this application (give area code) 530 Water Street Christina Lee Oakland, CA 94607 STATE CLEARING HOUSE (510) 627-1510 EMPLOYER IDENTIFICATION NUMBER (EIN) 7. TYPE OF APPLICANT: (enter appropriate letter in box) H. Interdependent School District A State State Controlled Institution of Higher Learning В. County Municipal Private University D. Township K. Indian Tribe 8. TYPE OF APPLICATION: Interstate Individual Intermunicipal M. Profit Organization Continuation Revision New New G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): B Decrease Award Increase Duration Increase Award Decrease Duration Other (specify) 9. NAME OF FEDERAL AGENCY **Federal Aviation Administration** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 1. Reconstruction of East Apron Pavement. TITLE: Airport Improvement Phase 2. South Field, OIA Program (AIP 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 2. Enhanced Taxiway Marking, Signing and Lighting -North Field, OIA San Francisco Bay Area 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT b. Project Start Date **Ending Date** a. Applicant 7 4 09/05 08/07 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS 15. ESTIMATED FUNDING .00 a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE a. Federal \$ 13,923,097 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON b. Applicant \$ 4,794,381 .00 c. State \$ DATE: February 27, 2006 b. NO d. Local \$ PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$ .00 18,717,478 Yes If yes, attach an explanation 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY

for Steve Grossman

Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

c. Telephone number

February 27, 2006

(510) 627-1133

e. Date Signed

b. Title

**Director of Aviation** 

**AWARDED** 

**Steve Grossman** 

Previous Editions Not Usable

a. Typed Name of Authorized Representative

d. Signature of Authorized Representative

AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS

OMB Approval No. 0348-0043 Applicant Identifier 2 DATE SUBMITTED APPLICATION FOR February 27, 2006 FEDERAL ASSISTANCE 3. DATE RECEIVED BY STATE TYPE OF RECEIVED SUBMISSION: Application Preapplication ☐ Construction 4 DATE RECEIVED BY FEDERAL AGENCY ☐ Non-Construction □ Non-Construction 5. APPLICANT INFORMATION STATE CLEARING HOUSE rganizational Unit: Legal Name: Port of Oakland Acting by and through its Board of Port Port of Oakland Commissioners Address (give city, county, state, and zip code) lame and telephone number of the person to be contracted on matters involving nis application (give area code) STATE CLEARING HOUSE 530 Water Street Christina Lee Oakland, CA 94607 (510) 627-1510 7. TYPE OF APPLICANT: (enter appropriate letter in box) EMPLOYER IDENTIFICATION NUMBER (EIN):  $\mathbf{C}$ H. Interdependent School District State State Controlled Institution of Higher Learning В. County Private University C. Municipal D. K Indian Tribe Township 8. TYPE OF APPLICATION: Interstate 1. Individual M. Profit Organization Intermunicipal New Continuation Revision G. Special District N. Other (Specify) If Revision, enter appropriate letter(s) in box(es): Increase Duration B Decrease Award Increase Award Other (specify) D. Decrease Duration 9. NAME OF FEDERAL AGENCY **Federal Aviation Administration** 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 6 1. Overlay of Taxiway B, TITLE: Airport Improvement Program (AIP) Design Phase, South Field, OIA 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): 2. Airport Storm Water Management Capital **Improvement (Phase 1)** San Francisco Bay Area 14. CONGRESSIONAL DISTRICTS OF 13. PROPOSED PROJECT Start Date Ending Date a. Applicant b. Project 09/06 03/07 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS 15. ESTIMATED FUNDING THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE .00 YES. a. Federal \$ 2,000,000 STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON .00 b. Applicant \$ 481,698 c. State \$ DATE: February 27, 2006 \$ b. NO d. Local PROGRAM IS NOT COVERED BY E. O. 12372 e. Other \$ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? f. Program income \$ g. TOTAL \$ .00 2,481,698 Yes If yes, attach an explanation

g. TOTAL \$ 2,481,698 .00 Yes If yes, attach an explanation No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative b. Title c. Telephone number (510) 627-1133

d. Signature of Authorized Representative February 27, 2006

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Standard Form 424 (REV 4-88) Prescribed by OMB Circular A-102

	2. DATE SUBM	ITTED	App /t identifier
APPLICATION FOR FEDERAL ASSISTANCE			
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application Identifier
1. * TYPE OF SUBMISSION	4. Federal ide	ntifier	
Pre-application Application Changed/Corrected Application			
5. APPLICANT INFORMATION		* Organization	al DUNS: 1144548950000
* Legal Name: Mathematical Sciences Research Insti	tute		
Department:	Division:		
Street1: 17 Gauss Way	Street2:	Trans Colonia II / Israel	
* City: Berkeley Cor	unty: Alameda	HEULIVE	* State: CA * ZIP Code: 94720
* Country: USA	MAZENYW ACENY	MAR - 3 2006	
Person to be contacted on matters involving this applica-	ation		
Prefix: * First Name:		STATE CLEARING HO	Last Name: Suffix:
Dr. James	] W.	A STATE COMMAND AND THE PROPERTY OF THE PROPER	Demmel
* Phone Number: (510)643-5386	Fax Number: (51	0)642-3962	Email: demmel@cs.berkeley.edu
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICAN	
94-265-0833		J: Nonprofit with 501C	3 IRS status (other than Institution of Higher Education)
8,*TYPE OF APPLICATION: V New		Other (Specify):	
Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organization Type  Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).	:	9. " NAME OF FEDERAL	AGENCY:
A. Increase Award B. Decrease Award C. Ir	ocrease Duration	Chicago Service Center	
D. Decrease Duration E. Other (specify)		10. CATALOG OF FEDE	RAL DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies?	Yes No	81.049	
What other Agencies?		TITLE: Office of Science	e Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:		
Computational Science and Engineering Research Ins	titute (CSERI) op	erated by the Mathematica	Sciences Research Institute (MSRI)
12. * AREAS AFFECTED BY PROJECT (cities, count	ies, states, etc.)		
Located in Berkeley, CA, partners nation-			
13. PROPOSED PROJECT:		14. CONGRESSIONAL	ISTRICTS OF:
* Start Date * Ending Date		a. * Applicant	b. * Project
12/01/2006		California 9th	California 9th
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO	OR CONTACT INF	FORMATION	0.45:::
Prefix: * First Name:	Middle Name:	][	* Last Name: Suffix:
Dr. James	W.	Name   Mathamatical 6	ciences Research Institute
Position/Title: Director of CSERI	* Organizati	on Name: Watnematical	CIGHICES I/ESERICH HISTITUE
Department:	Division:		
* Street1: 17 Gauss Way	Street2:		* State: CA * ZIP Code: 94720
	ounty: Alameda		* State: CA * ZIP Code: 94720
* Country: USA			
* Phone Number: (510)643-5386	Fax Number: (51	0)642-3962	* Email: demmel@cs.berkeley.edu

SF 424 (R&R) APPLI	CATION FOR FEDERAL ASSIS	TANCE	Page 2			
16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES				
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds c. * Estimated Program Income	12,197,668.00 12,197,668.00 0.00					
true, complete and accurate to t resulting terms If I accept an aw criminal, civil, or administrative **I agree**	he best of my knowledge. I also p ard. I am aware that any false, fict penaltles. (U.S. Code, Title 18, Sec	his list, is contained in the announcement or agency specific instru	ct me to			
Prefix: * First Name:	Middle Name:	* Last Name:	Suffix:			
Dr. Gadiel		Seroussi				
* Position/Title: Associate Director	* Organization:	Mathematical Sciences Research Institute				
Department:	Division:					
* Street1: 17 Gauss Way	Street2:					
* City: Berkeley	County: Alameda	* State: CA * Z	IP Code: 94720			
* Country: USA						
* Phone Number: (510)642-4745	Fax Number: 510-64	2-8609 * Email: gadiel@msri.org				
* Signature of Author Completed on subm	rized Representative	* Date Signed Completed on submission to Grants	.gov			
20. Pre-application		Accil 4 saccinents Delete Attachme	ent View Attachment			

MAR. 3. 2006_ 8:22AMUCSD Co	2. DATE SUBI		NO. 2989—P. 2
APPLICATION FOR FEDERAL ASSISTANCE	Z. DATE SUBI	MITEU	Аррис Лизиния
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE	State Application Identifier
1.* TYPE OF SUBMISSION	4. Federal Ide	ntifier	
Pre-application			
5. APPLICANT INFORMATION		Organization	8043557900000
* Legal Name: The Regents of the University of California	rnia, University of	Callfornia San Diego	
Department: Ofc.Contract & Grant Admin.	Division:		
* Street1: 9500 Gliman Drive	Stree12: M	C0934	
* City: La Jolla Co	unty: San Diego	And to will be seen to the see	* State: CA * ZIP Code: 92093-0934
• Country: USA		RECEN	/ED
Person to be contacted on matters involving this applic		MAD 9	2006.
Prefix: Firel Name:	Middle Name:		200 Suffix:
Judith		<b>_</b>	
* Phone Number: 858 534-8832 F	ax Number: 856	534-0280 - OLLANING	G Eddib Ejwheaton@ucsd.edu
6, * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. TYPE OF APPLICAN	M
956006144		l.,,	Controlled Institution of Higher Education
8. * TYPE OF APPLICATION:   New		Olher (Specify):	Constitution Constitution True
Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organization Type  Socially and Economically Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL	AGENCY:
A. Increase Award 📵 B. Decrease Award 📵 C. In	crease Duration	Chicago Service Center	
D. Decrease Duration		10. CATALOG OF FEDER	RAL DOMESTIC ASSISTANCE NUMBER:
* Is this application being submitted to other agencies?	Yes∏ No <b>√</b>	81,049	
What other Agencies?		TITLE: Office of Science	Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE	CT:		
ScIDAC Center for Experimental and Simulation Portal	Technologies		
12. * AREAS AFFECTED BY PROJECT (cities, count	les, states, etc.)		
Sen Diego, California		T	
13. PROPOSED FROJECT:		14. CONGRESSIONAL D	
* Start Date	]	a. * Applicant	b. * Project
	<u>J</u>		
15. PRÓJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: * First Name:	OR CONTACT INF Middle Name:		Last Name: Suffix:
Dr. Mark	H		Elisman PhD
Position/Title: Professor and Director	* Organizati	on Name: The Regents of	the University of California, University of California San
Department: Ctr Research Biological Struct	Division:	School of Medic	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
* Street1: 9500 Gilman Drive	Street2:	MC0606	
	ounty: San Diego		* State: CA * ZIP Code: 92093-0608
* Country: USA	Tan bioge		211 0008. 92093-0000
*	ax Number: 858	F94-7407	t Capita Imagica
	ev innunnet: [020	0 004*1481	* Emall: mark@nomir.ucsd.edu

SF 424 (R&R) APPLICATION FOR LORAL ASSISTANCE 16. ESTIMATED PROJECT FUNDING 17. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE **ORDER 12372 PROCESS?** a. YES 🚺 THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 a. * Total Estimated Project Funding 985,489.00 PROCESS FOR REVIEW ON: b. * Total Federal & Non-Federal Funds 985,489,00 DATE: 03/06/2006 c. * Estimated Program Income 0.00 b. NO | PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW 18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001) ✓ * lagree * The list of cartifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or evency specific instructions. 19. Authorized Representative Prefix: * First Name: Middle Name: * Last Name: Suffix: Judith Wheaton * Position/Title: | Contract & Grant Officer * Organization: The Regents of the University of California, University of California San Diego Ofc.Contract & Grant Admin. Department: Division: * Street1: 9500 Gilman Drive Street2: MC0934 City: La Jolla County: San Diego * State: * ZIP Code: 92093-0934 * Country: USA * Phone Number: | 859 534-8832 Fax Number: 858 534-0280 * Email; jwheaton@ucsd.edu * Signature of Authorized Representative * Date Signed Completed on submission to Grants.gov Completed on submission to Grants.gov 20. Pre-application Add Attachment

OMB Number: 4040-0001

APPLICATION FOR			A DATE CHEMITE			Version 7/03
FEDERAL ASSISTANCE			2. DATE SUBMITTED 03/02/06		Applicant Iden	tiner
1. TYPE OF SUBMISSION:	0		3. DATE RECEIVED BY	STATE	State Applicati	on Identifier
Application —	Pre-application		4. DATE RECEIVED BY	FEDERAL AGENC	Y Federal Identil	Ter
Construction Non-Construction	Construction Non-Constr					
5. APPLICANT INFORMATION		deriori .	J			
Legal Name:				Organizational U	nit:	
University of California, Berkele	y ~			Department: EECS		
Organizational DUNS: 12-472-6725			<b>医电影性 医乳腺性 医乳腺性 医乳腺性 医乳腺性 医</b> 医阿特里氏管 医乳腺性 医乳腺性 医克里特氏试验检尿道 医阴道性 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎 医皮肤炎	Division: Compuler Science	÷	(1710)
Address:		m	CENED	Name and teleph	one number of pe	rson to be contacted on matters
Street:		HI		Involving this ap	plication (give are First Name:	a code)
777 Soda Hall		A:	IAR - 2 2006	1	Kathy	
City: Berkeley		•		Middle Name		
County: Alameda		OTAT	E CLEARING HOUSE	Uast Name Yelick		
State: California	Zip Code 94720-1776	BIA	The least of the second	Suffix:	*** * ** ******************************	4
Country:	34120-1110			Email;	<b></b>	
6. EMPLOYER IDENTIFICATION	N NIMBER /E/	N/11-		yellck@cs.barkel Phone Number (g		Fax Number (give area code)
	· ·	14).			2060683	l .
94-6002123 8. TYPE OF APPLICATION:						c of form for Application Types)
I Nev	w ∭ Con	dhuada	n ∭ Revision		-	
If Revision, enter appropriate let	er(s) in box(es)	unuatio	i kevisio(i		nstitution of Higher	Learning
(See back of form for description	of letters.)			Other (specify)		
Other (specify)	,			9. NAME OF FED Department of Er		
10. CATALOG OF FEDERAL	DOMESTIC ASS	SISTANC	E NUMBER:	11. DESCRIPTIV	E TITLE OF APPLI	CANT'S PROJECT:
TITLE (Name of Program):			81-049	Institute for Scala SciDAC Institute	ble Application Dev	elopment Software: Proposal for a
12. AREAS AFFECTED BY PR	OJECT (Cilles,	Counties	, States, etc.):	1 ,		
Berkeley, Alameda, California						
13. PROPOSED PROJECT					ONAL DISTRICTS	71/17 1
Start Date: 7/01/06	Ending Date: 6/30/011	i		a. Applicant 9th		b. Project US -All
15. ESTIMATED FUNDING:			•	18. IS APPLICAT		REVIEW BY STATE EXECUTIVE
a. Federal \$			.00	ORDER 12372 PF		VAPPLICATION WAS MADE
b. Applicant \$			1,050,842	AVAI	LABLE TO THE ST	ATE EXECUTIVE ORDER 12372
			· ·	PRO	CESS FOR REVIEW	VON
c. State \$			. Wa	DATE	i:	
d. Local S			- CU	b. No. T PRO	GRAM IS NOT COV	ÆRED BY E. O. 12372
e. Other \$			.00	T ORP	ROGRAM HAS NO	T BEEN SELECTED BY STATE
f. Program Income \$			, <u>ar</u>	17. IS THE APPL	REVIEW ICANT DELINQUE	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	***************************************		,00	Yes if "Yes" a	tach an explanation	ı. <u>@</u> No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	AUTHORIZED	BY THE	GOVERNING BODY OF '	LICATION/PREAE	PLICATION ARE T	PUE AND COPPECT THE
a Authorized Representative		5.0			<b>-</b>	10 10 10 10 10 10 10 10 10 10 10 10 10 1
Prefix	First Name Kathy			M	idle Name	
Last Name Yelick				Su	ffix	
b. Title Professor, Computer Science					Telephone Number 0-642-8900	(give area code)
d. Signature of Authorized Repre	sentative */	au	IL alal	() e.	Date Signed	N Idal
Previous Edition Usable		~		3/	02/06	Standard Form 424 (Rev.9-2003)
Authorized for Local Reproduction	on					Prescribed by OMB Circular A-102

APPLICATION FOR				1 / N	Vers	aion 9/03
FEDERAL ASSISTAN	ICE	2. DATE SUBMITT	ED	icant I	dentifier	_
		02/28/2006	•			
1. TYPE OF SUBMISSION:	,	3. DATE RECEIVE	D BY STATE	State Appl	cation identifier	***
Application	Preapplication	, , , , , , , , , , , , , , , , , , ,				
Construction	Construction	1 - FREAR # 120 JL + MED	FALL ANDRESS STREET	w martingrating	1. 2,	
Non-Construction	Non-Construction					
5. APPLICANT INFORMATION			Organizational Unit	1		
* Legal Name: Coral Reef Allia	nce		Department:			
COrganizational DUNS:	928418967		Division:			
Address:					to be contacted on matters in	volving
- Street1: 417 Montgomery Stre	eet, Suite 205		Inis application (give a		N-1	
Street2:	0 0 00000		Prefix: Mr.	* First Name: [	Rick	
* City: San Francisco	County San Fran	cisco	Middle Name:	NO. HEREIT CO. 1011 . F. J. 104 41 11 402 544 40	100 C 1 C C C C C C C C C C C C C C C C	
- State: CA - Zip C	ode: 94104 7.Cour	144	Last Name: MacPh		num i numero (constitue, lo: tem minis partingatis man intermonsantationni mon	
		CENTED	Suffix:		pherson@coral.org	
6. EMPLOYER IDENTIFICATION		~ @ 200G	* Phone Number (give	a mayor manahara ana ay ar a mayor ay ana ay ana a	Fax Number (give area code)	
94-3211245	MA MA	R - 2 2006	415.834.0900		115.834.0999	
8. TYPE OF APPLICATION;	DAVIS DAVIS DE LA TE	CLEARING HOUS	7. TYPE OF APPLIC	ANT: ation (Oth	ner than Institution of F	
'me col		OLL/WWW			A MANAGEMENT AND A MANA	
If Revision, enter appropriate letter(:  A. Increase Award  B. Decrease Award	•		9. * NAME OF FEDER	AL ACENCY:	THE STREET STREET, STR	
D. Decrease Duration Other (specify):	O. MC/Base Duration	·	National Oceanic and		minietration	
10. CATALOG OF FEDERAL DON	MESTIC ASSISTANCE	/11.463				
		11.405	11. * DESCRIPTIVE T	ITLE OF APPLIC	CANT'S PROJECT:	
TITLE: Habitat Conservation			Maui Voluntary Code	of Conduct and	CORAL Reef Leadership Netw	ork
12. TAREAS AFFECTED BY PAC	OJECT (Cities, Counties, States, etc.	o.):		•		
Maui, Hawaii						
13. • PROPOSED PROJECT:			14. * CONGRESSION	AL DISTRICTS (	OF:	
* Start Date	* Ending Date		- a Applicant		* b. Project	
07/01/2006	Ending Date		a. Applicant		2	
15. * ESTIMATED FUNDING:	12/3//2007					
a. Federal	s 50,000.	20)	16. IS APPLICATION ORDER 12372 PROCI		EVIEW BY STATE EXECUTIV	/E
b. Applicant		00)	1		ATION WAS MADE AVAILABLE PROCESS FOR REVIEW ON:	то
~ c. State	\$ 20,000			ATË 03/02/2		
* d. Local		00		IS NOT COVERE		
e. Other	s 114,393.	00	1007		EN SELECTED BY STATE FOR F	3EVIEW
i. Program Income	\$ 0.	00	17. IS THE APPLICAN	IT DELINQUENT	ON ANY FEDERAL DEBT?	
g. TOTAL	\$	1.	Yes II "Yes."	attach an explar	nation.	No
18. • TO THE BEST OF MY KNOWLEDGE A GOVERNING BODY OF THE APPLICANT A	AND BELIEF, ALL DATA IN THIS AP IND THE APPLICANT WILL COMPL	PLICATION/PREAPPLICA Y WITH THE ATTACHED	I ATION ARE TRUE AND CORR ASSURANCES IF THE ASSIS	ECT. THE DOCUME	NT HAS BEEN DULY AUTHORIZED & D.	THE
a. Authorized Prefix: Mr.	" First Name: Rick		The second of the second	le Name	· · · · · · · · · · · · · · · · · · ·	
Representative Last Name:	MacPherson	Ecol W. M.A.h.	- Tantian (Indian)	S	uffix:	
b. Title: Program Director	- AAI manna and	c. Teler	phone Number (give area	a code): 415.83	4.0900 ×302	
* Email: rmacpherson@coral.org	We a some	Fax Num	ber (give area code):	415.83	4.0999	
d. Signature of Authorized Represe	ntative: Complete	d on submission to G	irants ony A Dat	e Slaned: Com	nleted on submission to Grants	2 (1/5)/

MAR. 2.2006_12:58PMUCSD Con	ntract & Gr	ant Admin	NO. 2966P. 2	
)	2. DATE SUBM	ITTED	App Identifier	
APPLICATION FOR FEDERAL ASSISTANCE				
SF 424 (R&R)	3. DATE RECEI	VED BY STATE	State Application Identifier	
1. TYPE OF SUBMISSION		· · · · · · · · · · · · · · · · · · ·		$\dashv$
Pre-application Application	4. Federal Idei	ntifler	CHARLES AND ADDRESS AND ADDRES	
Changed/Corrected Application			BECEIVED-	
S. APPLICANT INFORMATION		* Organizatio		
* Legal Name: The Regents of the University of Californ	nla; University of C	Callfornia San Diego	MAR - 2 2006	
Department: Office of Contracts & Grants	Division:		STATE CLEARING HOUSE	
* Street1: 9500 Gliman Dr. Mail Code 0934	Street2:	CEIVED	The state of the s	
* City: La Jolla Cou	nty: Sah Diego	J. Berry B. M. Parrier Bank	* State: CA * ZIP Code: 92093-0934	1
* Country: USA	MAF	<b>₹ - 2</b> 2006		
Person to be contacted on matters involving this applica	tion CTATE C	LEARING HOUSE	* Last Name: Suffix:	
Prefix: * First Name:	Middle Name:	LEATING HOUSE	* Lael Name: Suffix:	1
Ms. Judith				]
Phone Number: 858-534-6832 Fa	ax Number: 858	-534-0280	Email: jwhealon@ucsd.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA		
95-6006-144		F: Stat	e-Controlled Institution of Higher Education	
8. * TYPE OF APPLICATION: V New		Olher (Specify):	A NA A Austra Torra	
Resubmission Renewal Continuation	Revision	Momen Owned	Small Business Organization Type  Socially and Economically Disadvantage	jed
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGENCY:	
A. Increase Award	crease Duration	Chicago Service Center		
D. Decrease Duration		10, CATALOG OF FED	ERAL DOMESTIC ASSISTANCE NUMBER:	
* Is this application being submitted to other agencies?	Yes 🗸 No 🗌	81.049		
What other Agencies? Argonne National Lab		TITLE: Office of Scien	ce Financial Assistance Program	]
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	CT:			
Center for Enabling Technologies: Advanced Computati	ional Modeling of	High-Power Beam/Partic	e Interactions with Matter	]
12. * AREAS AFFECTED BY PROJECT (cities, countle	es, sləles, etc.)			
San Diego, CA		<b>T</b>		
13. PROPOSED PROJECT:		14. CONGRESSIONAL		
* Start Date		a. * Applicant	b. * Project	7
	D CONTACT WE			<u></u>
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: * First Name:	R CONTACT INF Middle Name:	URMATION	* Last Name: Suffix:	
Dr. Mark	s.	<del>-</del> <del>-</del>	Tillack	]
Position/Title: Research Scientist/PI	* Organizati	on Name: The Regents	of the University of California; University of California San	Ĩ
Department: Mechanical & Aerospace Eng.	Division:			
* Street1: 9500 Gilman Dr. Mall Code 0438	Street2:			
* City: La Jolla Co	ounty: San Diego	)	* State: CA * ZIP Code: 92093-0438	]
* Country: USA		-		
* Phone Number: 858-534-7897	ax Number: 856	-534-7078	* Email: mtillack@ucsd.edu	

OMB Number: 4040-0001 Expiration Date: 04/30/2008

SF 424 (R&R) APPI	ICATION LOA FEDERAL	ASSISTANCE	Page 2
16. ESTIMATED PROJECT FUNDIN	s	17. * IS APPLICATION SUBJECT TO REVIEW BY ST ORDER 12372 PROCESS?	TATE EXECUTIVE
* Total Estimated Project Funding	550,000.00 s 550,000.00	a. YES 🗸 THIS PREAPPLICATION/APPLICATION AVAILABLE TO THE STATE EXECUTIVE PROCESS FOR REVIEW ON:	WAS MADE FORDER 12372
. * Total Faderal & Non-Federal Fund . * Estimated Program Income	0.00	DATE: 03/06/2006  b. NO PROGRAM IS NOT COVERED BY E.O.	12472: OR
		b. NO PROGRAM IS NOT COVERED BY E.O  PROGRAM HAS NOT BEEN SELECTED REVIEW	
true, complete and accurate to resulting terms if I accept an a criminal, civil, or administration	ward. I am aware that any t	false, fictitique, or fraudulent statements or claims may :	subject me to
resulting terms if I accept an a criminal, civil, or administrativ	ward. I am aware that any to a penaities. (U.S. Code, Tites penaities.)	false, fictitious, or fraudulent statements or claims may stile 18, Section 1001)  have been secured in the announcement or signify specific	instructions.
resulting terms if I accept an a criminal, civil, or administrative  * I agree  * The list of conflications and assurant  19. Authorized Representative  Prefix: * First Name:	ward. I am aware that any t e penaitles. (U.S. Code, Tit	false, fictitious, or fraudulent statements or claims may state the first of the fi	
resulting terms if I accept an a criminal, civil, or administrative  I agree  *The list of confications and assurant  19. Authorized Representative  Prefix: *First Name:  Judith	ward. I am aware that any to a penalties. (U.S. Code, Tites, or an internet site where you make the whole National States and the sites where you make the sites who are you make the you who are you whill you will be you will be you will be you w	false, fictitious, or fraudulent statements or claims may state the first statement or claims may state the first statement or seems may state the first statement or seems specific ame:  * Last Name:  Wheaton	Suffix:
resulting terms if I accept an a criminal, civil, or administrative  * I agree  * The list of conflications and assurant  19. Authorized Representative  Prefix: * First Name:  Mrs. Judith  * Position/Title: Contract & Grant O	ward. I am aware that any to a penalties. (U.S. Code, Tites, or an internet site where you make the whole where you make the whole where you make the whole was a second to be a second to	false, fictitious, or fraudulent statements or claims may state the false, fictitious, or fraudulent statements or claims may statements or claims may state the false false.  The Regents of the University of California; Univer	Suffix:
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OMB Number: 4040-0001 Expiration Date: 04/30/2008

MAR. 2.2006_11:25AMUCSD Co	ntract & G	rant Ad	lm∣n		NO	. 2958	.P. Z/3
	2. DATE SUB	MITTED		Арр	ldentifi	er	
APPLICATION FOR FEDERAL ASSISTANC	03/02/2006						W 7 /-
SF 424 (R&R)	3. DATE RECI	EIVED BY	TATE	State	Application	identifier	
1. * TYPE OF SUBMISSION			******				
Pre-application Application Changed/Corrected Application	4. Federal ide	entifier	\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-\-				
5. APPLICANT INFORMATION			* Organization	nal DUNS: 8	04355790000	00	
* Legal Name: The Regents of University of California	San Diego			L			
Department: Office of Contracts and Grants	Division:					*/SI F =	
* Street1: 9500 Gilman Drive	Streel2; #	0934					
* City: La Jolla Co	unty: San Diego		THE THE REAL PROPERTY AND THE PARTY OF THE P	• State:	CA	* ZIP Code:	92093-0934
* Country: USA		REC	EIVE			l	
Person to be conlected on matters involving this applic				Secure P			
Prefix: * First Name:	Middle Name:	MAR	<b>- 2</b> 2006	* Last Name:			Suffix:
Ms. Judith				Wheelon			
* Phone Number: 856-534-8832	ax Number: 85	8-534-0280	EARING HO	Emall: [w	heaton@uct	ube.be	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYP!	OF APPLICA	NT;			
95-6008-144			F: State	e-Controlled Ins	titution of Hi	gher Educatio	n
8.* TYPE OF APPLICATION: V New		Other (Spec	afy):			and an annual	7
Resubmission Renewal Continuation	Revision	☐ Wome	ur Owned	Small Business			lly Disadvantaged
		ļ			300ially al	id Economica	ny Diesevantaged
If Revision, mark appropriate box(es).			E OF FEDERAL	L AGENCY:	<del></del>	•	
☐ A. Increase Award ☐ B. Decrease Award ☐ C, In	ocrease Duration		Service Center				
回 D. Decrease Duration 回 E. Other (sρecify)		10, CATA		ERAL DOMEST	IC ASSISTA	NCE NUMBE	R:
• Is this application being submitted to other agencies?	Yes No	1 .	81.049				
What other Agencies?		TITLE:	Office of Science	ce Financial Ass	istance Prog	gram	1
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE					~ · (	w	, <u> </u>
Enabling Computational Infrastructure for a Realistic C	onnection of Mate	erial Proper	ties from Molec	ular Dynamics t	o Continuum	Scales	
12.* AREAS AFFECTED BY PROJECT (cities, count. La Jolla, San Diego, CA	ies, states, etc.)						
13. PROPOSED PROJECT:		14. CON	GRESSIONAL	DISTRICTS OF	:		
* Start Date * Ending Date		a. * Appli	cant		b. * Projec	t	
07/01/2006 06/30/2011		53			53		
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Profix: *First Name:		FORMATIO	N	<b>A</b> 1			
Dr. David	Middle Name:			* Last Name: Benson			Suffix:
Position/Title: Professor	* Organizati	ion Name:	Jacobs School	of Engineering			<u> </u>
Department; MAE	Division:		General Camp			<u> </u>	.)
* Street1; 9500 Gilman Drive	Street2:		#0411			] ]	
* City: La Jolla Co	ounty: San Diego	<u> </u>		• State:	CA	ZIP Code:	92093-0411
* Country: USA	8					]	
* Phone Number: 858-534-6928 F	ax Number: 856	3-534-5698		• Emall: d	benson@uc	sd.edu	

OMB Number: 4040-0001 Expiration Date: 04/30/2008

A 1887		1.7	' IS APPLICATION SUBJECT	**************************************	ATE EYECUTIVE
16. ESTIMATED PROJECT FUND	NG		ORDER 12372 PROCESS?		
. * Total Estimated Project Funding	nds 1,241,290.00		YES THIS PREAPPLICAT AVAILABLE TO THE PROCESS FOR REV  ATE: 03/06/2006	STATE EXECUTIVE	WAS MADE ORDER 12372
* Estimated Program Income	0.00	b. N			
true, complete and accurate resulting terms if I accept a criminal, civil, or administra	award. I am aware ti	hat any faise. fictil	tious, or fraudulent statemet	nts or claims may :	subject me to
resulting terms if I accept a criminal, civil, or administra	award, I am aware ti Ilve penalties. (U.S. C nces, or an internal site wh	hat any faise, fictli Code, Title 18, Sec nere you may obtain thi	tious, or fraudulent statemet	nont or agency specific	
resulting terms if I accept a criminal, civil, or administrative.	award, I am aware ti Ilve penalties. (U.S. C nces, or an internal site wh	hat any false, ficti Code, Title 18, Sec	flous, or fraudulent statement stion 1001) Is list, is contained in the announcen	nont or agency specific	instructions.
resulting terms if I accept a criminal, civil, or administrative.  I agree  The list of certifications and assure.  19. Authorized Representative  Prefix: First Name:  Judith	award, I am aware the live penalties. (U.S. Conces, or an internal site where	hat any faise, fictli Code, Title 18, Sec nere you may obtain thi	tion 1001)  is list, is contained in the announced.  Lasi N	nont or agency specific	instructions.
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resulting terms if I accept a criminal, civil, or administra  v * I agree  * The list of contileations and assure  19. Authorized Representative  Prefix: * First Name:  Ms. Judith  * Position/Title; Contracts and Gi  Department: Office of Contract	award, I am aware the live penalties. (U.S. Conces, or an internal site when the live of t	hat any false, fictile Code, Title 18, Seconer you may obtain this wilddle Name:  * Organization:	tious, or fraudulent statement stion 1001)  Is list, is contained in the announcent  * Lasi N  Wheaton	nont or agency specific	instructions.
resulting terms if I accept a criminal, civil, or administration.  I agree  * The list of certifications and assure  19. Authorized Representative  Prefix: * First Name:  Ms. Judith  * Position/Title: Contracts and G  Department: Office of Contract  * Street1: 9500 Gilman Driv	award, I am aware the live penalties. (U.S. Conces, or an Internal site when the live of t	hat any false, fictile code, Title 18, Seconere you may obtain this wilddle Name:  * Organization:  Division;	tious, or fraudulent statement of the st	nont or agency specific	instructions.
resulting terms if I accept a criminal, civil, or administration.  I agree  * The list of certifications and assure  19. Authorized Representative  Prefix: * First Name:  Ms. Judith  * Position/Title: Contracts and G  Department: Office of Contract  * Street1: 9500 Gilman Driv	award, I am aware the live penalties. (U.S. Conces, or an Internal site when the live of t	hat any false, fictile code, Title 18, Second the code of the code	tious, or fraudulent statement of the st	nont or agency specific ame: California San Diego	Suffix:
resulting terms if I accept a criminal, civil, or administration.  I agree  * The list of certifications and assure  19. Authorized Representative  Prefix: * First Name:  Ms. Judith  * Position/Title: Contracts and G  Department: Office of Contract  * Street1: 9500 Gilman Driv  * City: La Jolia  * Country: USA	award, I am aware the live penalties. (U.S. Conces, or an Internal site when the live of t	hat any false, fictile code, Title 18, Second the code of the code	tious, or fraudulent statement of the st	nont or agency specific ame: California San Diego State: CA	* ZIP Code: 92093-0934
resulting terms if I accept a criminal, civil, or administra	award, I am aware the live penalties. (U.S. Conces, or an Internal site when the live of t	hat any false, fictile code, Title 18, Second the secon	tious, or fraudulent statement of the st	nont or agency specific ame: California San Diego State: CA	* ZIP Code: 92093-0934

OMB Number: 4040-0001

<b>APPLICATION FOR</b>				OMB	Approval No. 0348-004
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED February	21, 2006	Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL ACENCY	Federal Identifier	
Non-Construction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCT	rederal identifier	
5. APPLICANT INFORMATION					
Legal Name: Andrew J Tuiasosope			Organizational Unit: Tuiasosopo B		
Address (give city, county, State,	, and zip code):		1	number of person to be conta	cted on matters involving
28907 Dune Lane #1 Los Angeles	01, Canyon Counti	ry, CA 91387	this application (give a Andrew J Tuis	rea code) asosopo 661-251-7	403
6. EMPLOYER IDENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter	in box)
13-4308	6 3 9				N
8. TYPE OF APPLICATION:	and the second s		A. State B. County	H. Independent School Dist.  I. State Controlled Institution	
New	✓ ☐ Continuation	☐ Revision	C. Municipal	J. Private University	or riigiioi Eodiiiiiig
			D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate F. Intermunicipal	L. Individual M. Profit Organization	
A. Increase Award B. Dec	rease Award C. Increase	e Duration	G. Special District		LLC
D. Decrease Duration Other(	specify):				
New Award		yeeriyaan eeshirayyy aindanisahii tahiiy	9. NAME OF FEDERA	AL AGENCY: SS ADMINISTRATION	
10. CATALOG OF FEDERAL DO	OMEOTIC ACCIOTANCE N	MOCO.		TLE OF APPLICANT'S PRO	IECT.
10. CATALOG OF FEDERAL D	-				
	L	5 9 - 0 0 6	1	LLEGE-PHYSICAL EDI ACEMENT/EXPANSION	
TITLE: 8(a) Busines		-4		ITRACT #1 & #2) and o	
12. AREAS AFFECTED BY PRO Santa Ana, CA	DJECT (Cities, Counties, Sta	iles, etc.):	for bid on same s		
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	ekaningan antara manangan antara mengangan salah sebesah sebagai sebagai sebagai sebagai sebagai sebagai sebag		
Start Date Ending Date	a. Applicant		b. Project		
3/31/06 12/21/07	42nd Congre	ssional Dist.		ollege (Bid #1002, Con	
15. ESTIMATED FUNDING:	_		ORDER 12372 PR	SUBJECT TO REVIEW BY S ROCESS?	STATE EXECUTIVE
a. Federal	\$	<b>2</b> 50,000	a VES THIS DDE	APPLICATION/APPLICATION	I WAS MADE
b. Applicant	RECEIVED	, aa	AVAILABLE PROCESS	TO THE STATE EXECUTIVE FOR REVIEW ON:	
c. State	* MAR - 2 2006	.00	DATE	02/21/07	
	\$ TATE CLEARING HOUS		<del></del>	AM IS NOT COVERED BY E.	
e. Other		00	FOR REV	GRAM HAS NOT BEEN SELE (IEW	ECTED BY STATE
f. Program Income	<b>  \$</b>	•••	17. IS THE APPLICAL	NT DELINQUENT ON ANY F	EDERAL DEBT?
g. TOTAL	\$	250,000	Yes If "Yes,"	attach an explanation.	☑ No
18. TO THE BEST OF MY KNOW					
DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF			E APPLICANT AND TI	TE APPLICANT WILL COMP	LY WIIM IME
a. Type Name of Authorized Rep		b. Title		c. Telephone Number	
Andrew J Tuiasosopo d. Signature of Authorized Repre	cantativa	President		(661) 251-7403 e. Date Signed	<u> </u>
ju. Signature of Authorized Kepre	scinative		•	e. Date Gigned	

APPLICATION FOR FEDERAL ASSISTANCE	>=	2. DATE SUBMITTED		1		Version 7/03	3
	/E 	MARCH 01, 2006		Applicant Ide	ntirier		
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED B	YSTATE	State Applica	ition Identifier	. قد	]
Construction	Construction	4. DATE RECEIVED B	Y FEDERAL AG	ENCY Federal iden	tifier		
Non-Construction 5. APPLICANT INFORMATION	Non-Construction	ļ	1,				
Legal Name;	<u> </u>	* * * * * * * * * * * * * * * * * * *	Organization	nal Unit:			-
State Assistance Fund for En	terprise, Business & Indust	rial Development Corp.	Department:				
Organizational DUNS: 01 299 1295	•		Division:		•		energy)
Address:			Name and te	lephone number of p	erson to be co	ntacted on matters	1
Street: 1211 N. DUTTON AVE., STE	D		involving thi Prefix:	s application (give are First Name:	ea code)		
•			MS.	MARY JO		RECE	IVED
City: SANTA ROSA		• ••	Middle Name			THE OF	IVED
County: SONOMA			Last Name DUTRA		•	MAR -	2 2006
State: CA	Zip Code 95401		Suffix:				
Country: UNITED STATES		1.4	Email:	-BIDCO.COM		STATE CLEAR	NG HOUSI
6. EMPLOYER IDENTIFICAT	ON NUMBER (EIN):	133		er (give area code)	Fax Number (	give area code)	
94-271735	8		800-273-8637		707-577-734	•	
8. TYPE OF APPLICATION:		· · · · · · · · · · · · · · · · · · ·	7. TYPE OF	APPLICANT: (See bac	k of form for Ap	plication Types)	
If Revision, enter appropriate le	ew Continuation	□ Revision	O - NOT-FOR	-PROFIT	*.		
(See back of form for description	on of letters.)	<u> </u>	Other (specify)	, ·			
Other (specify)	<b>□</b> .	. 📙	9. NAME OF	FEDERAL AGENCY:		e , pt	
10. CATALOG OF FEDERAL	DOMESTIC ACCIOTANCE	E MARCED.	UNITED STA	TES DEPT OF AGRIC			
IV. CATALOG OF PEDERAL	DOMESTIC ASSISTANC		1 '	TIVE TITLE OF APPLI			
TITLE (Name of Program):		10-769	FUND - PILO	CALIFORNIA NATIVE T (SEE ATTACHED SU	AMERICAN RE JMMARY)	VOLVING LOAN	
TITLE (Name of Program): 2006 RBEG					·		
12. AREAS AFFECTED BY PONORTHERN CALIFORNIA (SI		•		,			
13. PROPOSED PROJECT	E ATTACHED SOMINAR	r)	44 CONODE	DOLONIAL DIOTOLOGIC			1974
Start Date:			a. Applicant	SSIONAL DISTRICTS	D. Project		
01/01/2007 15. ESTIMATED FUNDING:	12/31/2010	t	01		01, 02, 03, 04,	05, 06, 11	
			16. IS APPLIC ORDER 12372	ATION SUBJECT TO PROCESS?	REVIEW BY S	TATE EXECUTIVE	
a. Federal		350,000	a. Yes. Z	HIS PREAPPLICATION ALABLE TO THE ST	VAPPLICATION	WAS MADE	
b. Applicant		35,000	i Pi	ROCESS FOR REVIEW	V ON	- UNUER 123/2	•
c. State		0	/م	ATE: MARCH 01, 2006	6		
d. Local \$		0	b. No. III PF	ROGRAM IS NOT COV	ERED BY E. O	. 12372	:
e. Other	;	, 00	D. NO.	R PROGRAM HAS NO			•
f. Program Income \$		50,000	FC	OR REVIEW PLICANT DELINQUE		ı	
g. TOTAL \$		0 .					
18. TO THE BEST OF MY KNO	WI FIGE AND BELLER	435,000	Yes If "Yes	attach an explanation	. 😢	No	
DOCOMEN I HAS BEEN DOFA	AUTHORIZED BY THE G	OVERNING BODY OF 1	THE APPLICAN	APPLICATION ARE T T AND THE APPLICA	RUE AND COR NT WILL COM	RECT, THE PLY WITH THE	;
a. Authorized Representative	THE ASSISTANCE IS AV	AKDED.	1	. ,		·	
Prefix MS.	First Name MARY JO		,	Middle Name	-		
Last Name DUTRA				Suffix			
b. Title PRESIDENT/CEO		,		c. Telephone Number (	give area code)		"
d. Signature of Authorized Repre	sentative //	<i></i>		800-273-8637 e. Date Signed			
Previous Edition Usable	10 Cles	7	11	MARCH 01, 2006			emper(pt.
Authorized for Local Reproduction	on					m 424 (Rev.9-2003)	

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PAGE 02

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APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED	Api it identifier
SF 424 (R&R)	3. DATE REC	EIVED BY STATE	State Application Identifier
	03/01/2006		The state of the s
1. * TYPE OF SUBMISSION	4. Federal Ide	entîf(ar	
Pre-application			
5. APPLICANT INFORMATION		* Organization	nal DUNS: 6044775910000
* Legal Name: MGT Technical Consulting	~~~		
Department:	Division;	1 Payl J. A.	
" Street1: 1126 Poinsettla Drive	Street2	FOEN/ED	
* City; West Hollywood Cor	unty:	ECEIVED	* State: CA * ZIP Code: 90046
* Country: USA		MAR - 2 2006	T . C
Person to be contacted on matters involving this applica	itlon		-
Prefix: *First Name:	Middle Na FA	TE CLEARING HOUSE	ast Name: Suffix:
Dr. Luca	L.		Gratton
• Phone Number: (323)512-2934 F	ax Number:		Email:
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICAN	IT;
551926441		"","	O; Small Business
8. * TYPE OF APPLICATION:  7 New		Other (Specify):	
Resubmission Renewal Continuation	Revision	Women Owned	Small Business Organization Type  Socially and Economically Disadvant
If Ravision, mark appropriate box(ea),	****	9. * NAME OF FEDERAL	AGENCY:
🖾 A. Increase Award 🔯 B. Decrease Award 🔟 C. Inc	reaso Duration	Chicago Service Cemer	
D. Decrease Duration		10. CATALOG OF FEDER	RAL DOMESTIC ASSISTANCE NUMBER;
* Is this application being submitted to other agencies?	Yeş No 🗸	B1.0 <b>4</b> 9	
What other Agencies?		TITLE: Office of Science	Financial Assistance Program
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	OT:		
Advanced Pulsed Power Collection Methods		· · · · · · · · · · · · · · · · · · ·	
12. * AREAS AFFECTED BY PROJECT (cities, counties, Los Angeles County, CA; Nye County, N\	es, states, etc.)		
13. PROPOSED PROJECT:  * Start Date  * Ending Date		14. CONGRESSIONAL D	
09/01/2006 03/31/2007	~7	a. * Applicant District 30	b. * Project District 30
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR	DONTAGE INC		
Prefix: * First Name:	Middle Name:		Last Name; Suffix:
Dr. Luca		<del></del>	Gratton
Position/Title:	* Organizatio	on Name: MGT Technical C	Consulting
Department:	Division:		
Street1: 1126 Poinsettla Drive	Street2:		
* City: West Hollywood Cou	inty:		* State:   CA   * ZIP Code:   90046
* Country: USA	·	V-7-44	
* Phone Number: (323)512-2934 Fa	x Number;	——————————————————————————————————————	~ Email; mgttechnical@adelphia.net

OMB Number: 4040-0001

20. Pre-application

3235122934

SF 424 (R&R) appli	CATION FOR FEDERAL ASSIST	ANCE	Page 2			
16. ESTIMATED PROJECT FUNDING	17.	17, "IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?				
. * Total Estimated Project Funding	35,520.00	YES THIS PREAPPLICATION/APPLICATION WAS AVAILABLE TO THE STATE EXECUTIVE ORD				
, * Total Federal & Non-Federal Funds	35,520.00	PROCESS FOR REVIEW ON:				
. * Estimated Program Income	0.00	DATE: 03/01/2006  b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR				
		PROGRAM HAS NOT BEEN SELECTED BY S				
true, complete and accurate to the resulting terms if I accept an away	he best of my knowledge, I also pro	in the list of certifications* and (2) that the statemer ovide the required assurances * and agree to compli- tious, or fraudulent statements or claims may subje- tion 1001)	y with any			
✓ * ı agree	•	,				
	, or an internet site where you may obtain thi	a list, is contained in the announcement or egency specific instruc	tions.			
19. Authorized Representative						
Profix: * First Name:	Middle Name:	• Last Name:	Suffix:			
Dr. Luca		Gratton				
Position/Title: General Manager	* Organization:	MGT Technical Consulting	V-24/1/1/00/00			
Department;	Division:					
Street1: 1126 Poinsettia Drive	Street2:					
City; West Hollywood	County:	* State: CA * ZIF	Code: 90048			
Country: USA						
Phone Number: (323)512-2934	Fax Number:	* Email: mgttechnical@adelp				
			hia,net			
* Signature of Author	ized Representative	* Date Signed	hia,net			

OMB Number: 4040-0001

View Attachment

Expiration Date: 04/30/2008

And Engineers Deeple Attachment

MAR. 2.2006_10:35AMUCSD Co	ntract & G	rant Ad	min		NO.	. 2954P	2
1_1,	2. DATE SUBI	WITTED		Арр	Identific	ėr	
APPLICATION FOR FEDERAL ASSISTANCE	03/02/2006						Av - I
SF 424 (R&R)	3. DATE RECE	IVED BY S	TATE	State	Application	Identifier	
1. * TYPE OF SUBMISSION		<b>7</b>					
Pre-application Application	4. Federal Ide	entifier					
Changed/Corrected Application							
5. APPLICANT INFORMATION			* Organizational	DUNS: 8	04355790000	00	
Legal Name: The Regents of University of California	San Diego						
Department: Office of Contracts and Grants	Division:		and the second and th				
Street1: 9500 Gilman Drive	Street2:	0934	OFIVE	7			
* City: La Jolla Cou	ınty: San Diego	I I I	Samuel II W Parame die	• State:	CA	"ZIP Code: 9	2093-0934
* Country: USA		MA	R - 2 2006	Silvania de la companya de la compan			
Person to be contacted on matters involving this applica-	ation		N MARIAN IIA	HeE			
Prefix: * First Name:	Middle Name:	STATE (	LEARING HQ				Sufflx:
Ms. Judith			<u> </u>	neaton			
* Phone Number: 858-534-8632 F	ax Number: 856	3-534-0280		Email: jw	heaton@ucs	sd.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE	OF APPLICANT:				
95-6008-144			F: Stale-Co	ontrolled ins	titution of Hig	gher Education	
8. * TYPE OF APPLICATION: V New		Other (Spec	ry):				
Resubmission Renewal Continuation	Revision	emoW 🔟			a Organizatio Socially an		Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME	OF FEDERAL AC	SENCY:			
	crease Duration	Chicago Service Center					
D. Decrease Duration @ E. Other (specify)		10. CATA	LOG OF FEDERA	L DOMEST	IC ASSISTA	NCE NUMBER	
* Is this application being submitted to other agencies?	Yes∏ No√		81.049				
What other Agencies?		TITLE: Office of Science Financial Assistance Program					
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT		-					
Enabling Computational Infrestructure for a Realistic Co	onnection of Mate	rial Propert	es from Molecular	Dynamics (	o Cantinuum	Scales	
12. AREAS AFFECTED BY PROJECT (cities, countie	es, slates, etc.)			-			
La Jolla, Sen Diego, CA							
13. PROPOSED PROJECT:	· ·	I .	RESSIONAL DIS	TRICTS OF			
* Start Date * Ending Date   07/01/2006   06/30/2011	$\neg$	a. * Applic	eant		b. * Project	1	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: *First Name:	R CONTACT INF Middle Name:	ORMATIO		ast Name:			Suffix;
Dr. David				nson			Julia,
Position/Title: Professor	* Organization	on Name:	Jacobs School of E	Engineering	A	<b>-</b>	
Department: MAE	Division:	ĺ	General Campus				
* Street1: 9500 Gliman Drive	Street2;	. [	#0411				
* City: La Jolia Co	unty: San Diego	, ,		* State:	CA	ZIP Code:	2093-0411
* Country: USA							
• Phone Number: 858-534-5928	ax Number: 858	-534-5698		• Email: d	benson@uc	sd.edu	

16. ESTIMATED	PROJECT FUNDING		17	ORDER 12372 PRO		BY STATE EXECUTIVE
	ad Project Funding & Non-Federal Funds ogram Income	1,241,290.00		AVAILABLE PROCESS  DATE: 03/06/2006  NO PROGRAM	PPLICATION/APPLICA TO THE STATE EXEC FOR REVIEW ON: IS NOT COVERED BY HAS NOT BEEN SELE	UTIVE ORDER 12372 
true comple	his application, I cert ete and accurate to th	ia hast of my ki	nowledge, i also pr	rovide the required a	issurances and agree	s to comply with any
true, comple resulting ter criminal, civ	ete and accurate to the times if I accept an aways of the accept an aways of the accept an aways of the accept an accept an accept and accept and accept and accept and accept accept accept and accept accep	ne best of my k ard. I am aware penalties. (U.S.	nowledge. I also protein that any faise, flot . Code, Title 18, Sec	rovide the required a Ullous, or fraudulent ction 1001)	assurances * and agree statements or claims or claims or claims or claims or agency s	nay subject me to
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true, compleresulting tercriminal, clv *The list of cent  19. Authorized Prefix: Fin  Ms. Jud  Position/Title: Department:	ete and accurate to the contract of the contracts and desurances, and desurances, and desurances, and the contract of the cont	ne best of my kard. I am aware penalties. (U.S. or an internet site	nowledge. I also protein that any false, flot. Code, Title 18, Security where you may obtain the Middle Name:  " Organization:	rovide the required a litious, or fraudulent ction 1001)	* Last Name:	nay subject me to
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Completed on submission to Grants.gov

20. Pre-application

OMB Number: 4040-0001

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Expiration Date: 04/30/2008

Completed on submission to Grants.gov

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APPLICATION FOR FEDERAL ASSISTANCE	). DATE SUBI	). DATE SUBMITTED		Appl Identifier			
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE		State Application	on Identifier		
1. * TYPE OF SUBMISSION							
Pre-application  Application  Changed/Corrected Application	4. Federal Ide	entifier					
5. APPLICANT INFORMATION		* Organization	onal DUN	<b>IS:</b> 1136450840	0000		
* Legal Name: Regents of the University of California							
Department: N/A	Division: Se	chool of Natural Sciences					
* Street1: University of California, Merced	University of California, Merced Street2:			P.O. Box 2039			
* City: Merced Co	unty:		* (	State: CA	* ZIP Code: 95	344	
* Country: USA							
Person to be contacted on matters involving this applic	ation						
Prefix: * First Name:	Middle Name:		* Last N	lame:		Suffix:	
Thea			Vicari				
* Phone Number:   209-724-4318   F	Fax Number: 209	9-724-2912 •	Em	ail: tvicari@ucm	erced.edu		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA	NT:				
270093858		F: Stat	e-Control	led Institution of F	Higher Education		
8. * TYPE OF APPLICATION: V New		Other (Specify):					
Resubmission Renewal Continuation	Revision	Women Owned	Small B	usiness Organizat Socially a	tion Type and Economically D	Disadvantaged	
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGENO	CY:			
A. Increase Award B. Decrease Award C. In	crease Duration	Chicago Service Center					
D. Decrease Duration E. Other (specify):		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:					
* Is this application being submitted to other agencies?	Yes No	81.049					
What other Agencies?		TITLE: Office of Science Financial Assistance Program					
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJE		stronbusinel Turbulance					
Multi-Scale Modeling and Computation of Convective G	seophysical and A	strophysical Turbulence					
12. * AREAS AFFECTED BY PROJECT (cities, counti Merced, CA	es, states, etc.)					:	
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRIC	TS OF:			
* Start Date * Ending Date		a. * Applicant		b. * Proje	ct		
01/01/2007 12/31/2011		18		18			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: * First Name:	R CONTACT INFO	ORMATION	* Last N	ame:		Suffix:	
Michael	Widdle Name.		Sprague			PhD	
Position/Title: Assistant Professor	* Organization	on Name: Regents of the	Universit	y of California			
Department: N/A	Division:	School of Natu					
* Street1: University of California, Merced	Street2:	P.O. Box 2039	 9		_		
	unty:			State: CA	* ZIP Code: 95	344	
* Country: USA	-			L			
	ax Number: 209-	-724-2912	* Em	ail: msprague@	ucmerced.edu		
	L			E			

OMB Number: 4040-0001 Expiration Date: 04/30/2008

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APPLICATION FO		_			2 DATE CURNITATE			· ·		Version 7/
FEDERAL ASSIS		•			2. DATE SUBMITTED 03/01/2006	<b>J</b>		Applicant Ider	itilier	
1. TYPE OF SUBMISS Application	SION:	Pre-ap	plicatio	n	3. DATE RECEIVED			State Applicat		
Construction		Con			4. DATE RECEIVED	BY FEDERAL AG	ENCY	Federal Identi	fier	
Non-Construction	1	Non-	Const	uction		<u> </u>	•			•
5. APPLICANT INFOR	RMATION									
1						Organization Department:	nal Unit:			
West Hills Community	-	District -			<u> </u>	Student Learn	ning			
Organizational DUNS: 080121718						Division: West Hills Co				
Address: Street:				<del></del>	<u> </u>	Name and te	lephone	กยmber of pe ation (give are	rson to be cor	ntacted on matters
						Prefix:	s applica	First Name:	a code)	
9900 Cody Street City:	· · ·		·			Mrs		Cathy		
Coalinga						Middle Name				
County: Fresno						_ast Name Barabe		***************************************	_	<u> </u>
State: CA		Zip Cod 93210	le			Suffix:				
Country:	····	302.0			• .	Email:				
United States	IEIOATIO	N 1111145	ED (5)	1.0	,	cathybarabe@				
6. EMPLOYER IDENT		NUMB	SER (EI	N):		Phone Number	er (give ar	ea code)	Fax Number (	give area code)
77-0323		<u> </u>				(559) 934-214	17	• .	(559) 934-281	18
8. TYPE OF APPLICA						7. TYPE OF A	PPLICA	NT: (See back	of farm for Ap	plication Types)
If Revision, enter appro	New	r ar(a) in h	Con	tinuation	☐ Revision	I. State Contro	olled Insti	itution of Highe	r Learning	
(See back of form for de	escription	of letters	ox(es) i.)			Other (specify)		J	3	
		•								
Other (specify)					· .	9. NAME OF I	PEDERA	L AGENCY: lent of Agricult	IFO	
10. CATALOG OF FE	DERAL D	OMEST	IC ASS	ISTANC	E NUMBER:			LE OF APPLI		ECT:
•		,								itality Program to
TITLE (Name of Progra	ım):				10-769	assist Restau	rant own	ers on how to r wned business	nanage & deve	lop a successful
12. AREAS AFFECTE	D BY PRO	JECT (	Cities. (	Counties	States, etc.)				•	
Cities of Hanford & Len					-10100, 0101,					
13. PROPOSED PROJ			.,,			14 CONCRE	COM AL	DISTRICTS	\r.	
Start Date:		Ending	g Date:			a. Applicant	SOUNAL	DISTRICTS	b. Project	
07/01/2006		06/30/			<u> </u>	Jim Costa		ſ	Jim Cosla 20th	District
15. ESTIMATED FUND	ING:								REVIEW BY S	TATE EXECUTIVE
a. Federal	\$		·		00	ORDER 12372		SS? APPLICATION:	APPLICATION	WAS MADE
b. Applicant	\$				99,500	a. res. ii Al	/AILABLI		TE EXECUTIV	E ORDER 12372
c. State	- H&L	<del>:C</del> E	H		50,000		NTE:			
d Local	9./	AR	1 20	nr	90			I IS NOT COVE	ERED BY E. O.	12372
e. Other	\$	411	<u> 1 ZU</u>	06	ου	OF	R PROGE	RAM HAS NOT		TED BY STATE
f. Program Income	STABE	CLEAF	RINGI	TOUSE	av	. FC	PLICAN'		T ON ANY FE	DERAL DEBT?
g. TOTAL	\$				00				ente.	
18 TO THE DEST OF	AV KALOU	U FROE	A N 15 .		149,500	Yes If "Yes"	" attach a	an explanation,	<b>V</b>	No
18. TO THE BEST OF M DOCUMENT HAS BEEN ATTACHED ASSURANCE	1 2021 2	ואטחוטגו	12500	1 188 6	OVERNING BODY OF	PPLICATION/PRE THE APPLICAN	APPLICATION T	ATION ARE TE HE APPLICAN	RUE AND COR IT WILL COMF	RECT. THE PLY WITH THE
<ol> <li>Authorized Represent</li> </ol>	tative .				r at the building					
Brefix Br.	.	First Nam Frank	ne .				Midcle N	ame		
Last Name Gomick					. ,		Suffix			
. Title Chancellor		L.F.					c. Teleph	ane Number (g	rive area code)	
Signature of Authorize	d Represe	antative	·				(559) 93	4-2102		
						(	e. Date S	ngned 106		

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MAR. 1. 2006_ 8:51AMUCSD Co	ntract & Gi	rant Admin	NO. 2904P. 2			
APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBM	NITTED	Appl Identifier			
SF 424 (R&R)	3. DATE RECE	IVED BY STATE	State Application Identifier			
1. * TYPE OF SUBMISSION						
Pre-application	4. Federal Ide	ntifler				
Changed/Corrected Application			_ J			
5. APPLICANT INFORMATION		* Organiza	tional DUNS: 8043557900000			
* Legal Name: The Regents of the University of Califor	nia, University of (	California, San Diego	(4.5)			
Department: Office of Contract & Grants	Division:	444				
Street1: 9500 Gilman Drive MC 0934	Street2:					
,	Inty:	State: CA ZIP Code: 92093-0934				
* Country: USA			- ULIVED			
Person to be contacted on matters involving this applica			MAR - 1 2006			
Prefix: * First Name:	Middle Name:		WARRING HOUSE			
	ex Number: 858	-534-0280	Email: jwheaton@ucsd.edu			
			F1(1)			
6, * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLIC	AN1: sate-Controlled Institution of Higher Education			
96-6006-144		Other (Specify):	Die Germande managen a			
8. * TYPE OF APPLICATION: New	<b></b>	Small Business Organization Type				
Resubmission Renewal Continuation	Kevisidu	Women Owned     Socially and Economically Disadvantaged				
If Revision, mark appropriate box(es).		9. * NAME OF FEDERAL AGENCY:				
回 A. Increase Award 回 θ. Decrease Award 同 C. In	crease Duration	Chicago Service Cente	91			
D. Decrease Duration		10. CATALOG OF FE	DERAL DOMESTIC ASSISTANCE NUMBER:			
• Is this application being submitted to other agencles?	Yes No	81.049				
What other Agencles?		TITLE: Office of Science Financial Assistance Program				
11, * DESCRIPTIVE TITLE OF APPLICANT'S PROJE		10.10%				
Collaborative Research: Performance Engineering Res	earch Center					
12. * AREAS AFFECTED BY PROJECT (cities, counti	'es, states, etc.)					
13. PROPOSED PROJECT:		14. CONGRESSIONA				
• Start Date • Ending Date   07/01/2006   06/30/2011		a. " Applicant	b, * Project			
			1979			
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATO Prefix: * First Name:	Middle Name:	-URIVATION	* Last Name: Suffix:			
Allan		,	Snavely			
Position/Title: Contracting Grant Officer	* Organizati	on Name: The Regent	s of the University of California, University of California, San			
Department: San Diego Supercomputer Center	Division:					
* Street1: 9500 Gliman Drive MC 0934	Street2:					
	ounty:	•	* State: CA *ZIP Code: 92093-0934			
* Country: USA			• =			
* Phone Number: 858-534-5158	Fax Number: 858	3-822-0683	* Email: allans@sdsc.edu			

16. ESTIMATED I	PROJECT FUNDING			* IS APPLICATION SUBJECT TO REV ORDER 12372 PROCESS?	
* Estimated Prog	Non-Federal Funds	1,611,165.00 1,611,165.00 0.00	b. 1	THIS PREAPPLICATION/APP AVAILABLE TO THE STATE I PROCESS FOR REVIEW ON ATE: 03/06/2006  NO PROGRAM IS NOT COVERE PROGRAM HAS NOT BEEN REVIEW  In the list of certifications* and (2) the	EXECUTIVE ORDER 12372
resulting terr	ns if I accept an awa	ard. I am aware tha	it any faise, fictil	ovide the required assurances * and tious, or fraudulent statements or cl	agree to comply with any aims may subject me to
criminal, civi	II, or administrative    *   agree     iffer agree   iffer agrees     Representative	penalties. (U.S. Co	re you may obtain thi	Islet, is contained in the announcement or ag	
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APPLICATION FOR					Version 7/03
FEDERAL ASSISTANC	E	2. DATE SUBMITTED 3/1/06		Applicant Ider	ltifier
1. TYPE OF SUBMISSION: Application	Pre-application	3. DATE RECEIVED BY	STATE	State Applicat	ion Identifier
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGE	NCY Federal Identi	fier
Non-Construction  5. APPLICANT INFORMATION	Non-Construction			-	
Legal Name:			Organizationa	Unit:	
Humboldt State University Spo	nsored Programs Found	ation	Department:	omic and Community	Development
Organizational DUNS:	._		Division:		- Cophion
01430274 Address:		Marie Control of the	N	-b	rson to be contacted on matters
Street:		CEIVED		pnone number or pe application (give are	
P.O Box 1185		VEL	Prefix:	First Name:	W . A
City:	/ ··//	NR - 1 2006	Middle Name	Margaret	
County: Humboldi	STATE		Last Name Gainer		(
State:	Zip Code	LEARING HOUSE	Suffix:		1)
Ca	Zip Code 95518	JOOSE			*
Country: USA			Email: mag12@humb	oldLedu	
6. EMPLOYER IDENTIFICATION	ON NUMBER (EIN):	\/ ₁	Phone Number	(give area code)	Fax Number (give area code)
9 4-6 0 5 0 0 7 1	П		707-826-3922		707-826-3206
8. TYPE OF APPLICATION:		/	7. TYPE OF AP	PLICANT; (See back	c of form for Application Types)
V∂ Ne	w 🖺 Continuatio	n 🖟 Revision		•	
If Revision, enter appropriate let (See back of form for description	tter(s) in box(es)		Other (specify)	Notice Deadle	Dana - 17 - 18
Other (specify)			9. NAME OF FE USDA Rural De	Not for Profit ( EDERAL AGENCY: EVELOPMENT	DIBANIZADON
10. CATALOG OF FEDERAL	DOMESTIC ASSISTAN	CE NUMBER:		VE TITLE OF APPLI	CANT'S PROJECT:
			1	Training Program	
TITLE (Name of Program):			J		
USDA Rural Dev	relopment Rural Busines	s Enterprise Grants			
12. AREAS AFFECTED BY PR	ROJECT (Cities, Countie.	s, States, etc.):			
Humboldt County	194			1"	
13. PROPOSED PROJECT Start Date:	Ending Date:		a. Applicant	SIONAL DISTRICTS	DF: b. Project
6/1/06		5/31/07	a. Approant	1	1
15. ESTIMATED FUNDING:	***	7,1			REVIEW BY STATE EXECUTIVE
a. Federal \$	1.	167	a. Yes. THI		/APPLICATION WAS MADE
b. Applicant \$		197	Ja. res. »□ AV	AILABLE TO THE STA	ATE EXECUTIVE ORDER 12372
	4le/	072	] PRO	OCESS FOR REVIEW	VON
c. State \$		ි ව ්	DA ⁻	Γ <b>Ε</b> ;	
d. Local \$	195	505	b. No. 🌠 PRO	OGRAM IS NOT COV	ERED BY E. O. 12372
e. Other \$					T BEEN SELECTED BY STATE
f. Program Income \$	(- W.	00		REVIEW PLICANT DELINQUE!	NT ON ANY FEDERAL DEBT?
g. TOTAL \$	130	·. 7 7 4 · °	☐ Yes If "Yes"	attach an explanation	. IA No
18. TO THE BEST OF MY KNO DOCUMENT HAS BEEN DULY ATTACHED ASSURANCES IF	<b>AUTHORIZED BY THE</b>	<b>GOVERNING BODY OF T</b>	LICATION/PREA	APPLICATION ARE TO AND THE APPLICA	RUE AND CORRECT. THE NT WILL COMPLY WITH THE
a. Authorized Representative					
Prefix	First Name Donna		N	Middle Name	
Last Name Schafer	2 JA	-9	s	Suffix	<b>▼</b>
b, Title Interim_Executive Director				Telephone Number	give area code)
d. Signature of Authorized Repp	eseptative /	<b>-</b>		707-826-4189 Date Signed	,
Work-Ox	1.00/1	M			06
Previous Edition Usable Authorized for Local Renroductio	on <i>U</i>			•	Standard Form 424 (Rev.9-2003) Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUBMITTED	Applican	t Identifier	
1. TYPE OF SUBMISSION	3. DATE RECEIVED BY STATE	State App Identifier		
Application Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5.APPLICANT INFORM	ATION			
Legal Name		Organizational U		
City and County of San Fi	rancisco		Mayor's Office o Criminal Justice	
Address  1 Dr. Carlton B. Goodlett Suite 496 San Francisco, California 94102-4603	Place  MAR 1 2006  STATE CLEARING HOUSE	·	Name and teleph number of the pe be contacted on r involving this app Nance, Allen (415) 554-6564	
6. EMPLOYER IDENTIF 94-6000479	ICATION NUMBER (E	IN)	7. TYPE OF APPLICANT Municipal	
8. TYPE OF APPLICATION	ON		9. NAME OF FE	
New			AGENCY Bureau of Justice Assistance	
	RAL DOMESTIC ASSI	JSTICE	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT  San Francisco Date Elimination Team Program	

## 12. AREAS AFFECTED BY PROJECT

City and County of San Francisco, California

City and County	or our rancisco, ca	MACAIII C	
13. PROPOSED	PROJECT		14. CONGRESS
Start Date:	October 01, 200	6	DISTRICTS OF
End Date:	September 30, 2	a. Applicant b. Project	
15. ESTIMATEI	16. IS APPLICA SUBJECT TO R		
Federal	\$.	372,571	BY STATE EXECUTIVE OI
Applicant	\$	0	12372 PROCESS
State	\$	0	This preapplication/ap
Local	\$6	0	was made availal state executive or
Other	\$	0	12372 process fo on 03/01/2006
Program Income	\$6	0	17. IS THE APPI DELINQUENT (
TOTAL	\$2	372,571	ANY FEDERAL N

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN TAPPLICATION PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY GOVERNING BODY THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS REQUIRED.

Close Window